



**People's Republic
of Bulgaria**

Primary Health Care

PEOPLE'S REPUBLIC OF BULGARIA

PRIMARY HEALTH CARE IN
THE BULGARIAN NATIONAL
PUBLIC HEALTH SYSTEM

Sofia, 1978

The People's Republic of Bulgaria is situated in South-East(ern) Europe. It covers a territory of 110,000 sq klm., and has (at the end of 1976) 8,758,763 inhabitants — 59 per cent urban population and 41 per cent — rural population. The average density of the population is 79.2 people per sq. klm. The relative share of the people above 59 years of age is 15.9 per cent. The birth rate is 16.5 per 1,000 people and the total mortality is 10.1 per thousand.

The People's Republic of Bulgaria is a socialist country. The Supreme legislative body of the Republic is the National Assembly. The representative organs of the Government in the administrative units are the district and the municipal People's Councils. The executive power is realized by the State Council, the Council of Ministers and the Executive Committees of the People's Councils.

The Country is divided in 28 administrative districts in which town and village municipalities are comprised.

HISTORICAL REVIEW

Bulgaria was founded in 681 A.D. Its centuries-old history has passed a highly complicated historical development with periods of uplifts and declines, including the five century long Ottoman's yoke (XIV-XIX c.), which impeded the development of the country, transforming it from a relatively developed in economic and cultural respect country, with its own writing, created as far back as the IX century, into one of the most backward countries in the European continent.

At the time of the Liberation of Bulgaria from the Ottoman's yoke in 1878 the country was in a state of semifeudal social relations, without any industry, with primitive agriculture, utterly insufficient intelligentsia and extremely low standard of life.

To speak for an organized public health system before the Liberation was inconceivable. The sick people were treated according to the traditional methods by their relatives, by popular healers, quacksalvers, monks etc.

The initial foundations of the public health system in Bulgaria were laid under the direct leadership of the Russian Military Administration, immediately after the Liberation. The few Bulgarian physicians, working till that time abroad, returned home. Some foreign physicians have also been invited to work in Bulgaria.

To overcome the shortage of medical and sanitary personnel, military assistant physicians' courses with concised curriculum for 6-8 months, as well as military assistant physicians' schools and civil assistant physicians' schools have been organized. Thus, for a period of 20-25 years, a large number of assistant physicians, who formed afterwards the basis of the military and civil public health organization, have been trained.

According to the first census of the population in 1893, for 4,000,000 inhabitants, the manpower resources of the public health system numbered 300 physicians, 14 dentists, 405 assistant physicians, 5 midwives, 165 chemists and about 1360 auxiliary hospital attendants. As far as 1894, 126 microregional assistant physician's centres have been opened in Bulgaria.

A particular feature of the public health development at that time, was the health culture problem of the population. The leading part in that respect rested on the people's teachers, who were the first propagandists of hygienic habits. Under the guidance of the Bulgarian teachers and the still sparse health intellectuals, many initiatives, such as the water-supply of the villages, the sanitation of the houses and the settlements etc., have been conducted.

In 1918, the Medical Faculty at the Sofia State University has been founded. That event stimulated the acceleration of the training of Bulgarian physicians, however, the public health service had not achieved a very great advance before the Socialist Revolution in 1944. At the end of 1944, there were in Bulgaria 11,232 hospital beds and 2,134 sanatorium beds with only 3,500 physicians, 824 dentists and 825 assistant physicians.

The outpatient medical assistance in the towns was realised mainly in private consulting rooms. The existing municipale health services attended for the most, the poor citizens and conducted some hygienic measures. Different insurance health services have been founded. This discoordination of the health services belonging to different charity organizations, insurance banks etc., as well as the insufficient staff, material and financial resources, were the essential handicaps for the successful satisfaction of the health needs of the larger parts of the population. The problems of prophylactics were neglected. Maternity and child health care was extremely backward. The establishments for tuberculosis control were insufficient. The medical personnel was concentrated mainly in the towns.

All these factors influenced considerably the unfavorable health state of the population. About 90,000 people suffered annually from tuberculosis, and more than 15,000 died every year. Nevertheless, under a follow up supervision have been included only about 15 cent of the tuberculosis patients. The epidemics of typhus, typhoid fever, scarlet fever etc., were an every day occurrence. In 1944 only, from malaria suffered 27.9 per cent of the population. At that time the infant mortality was 139.2 per 1000 live births, and the mean life duration was about 52-53 years.

The Socialist Revolution on the 9th of September 1944 laid the beginnings of a new era in the history of Bulgaria. For the first time in the Bulgarian history a Ministry of Public Health was founded. Even in its first programme proclaimed on September 17th, 1944, the People's government referred to the questions of the social politics including these concerning public health, together with the problems for the national economy restoration and the democratisation of the life in the country. It cleared not only the path for radical political, social and cultural changes, but created practical conditions for the establishments of a real public, official, universally accessible health organization, ensuring the health of the population. The following problems have been put to the foreground immediately after the Socialist Revolution — enhancement of living standards and the health culture of the people; sanitation of the working and living conditions of the population; reduction of infant mortality; systematic and planned tuberculosis and infectious disease

control; ensuring a timely medical assistance for the whole population; care for the rising generation; improvement the hygiene in settlements, factories, lodgings and schools; thorough care for the mothers etc.

In 1945, the first plan for the development of the public health system in Bulgaria has been accepted. The departmental health services were integrated and the administrative discoordination of the health services was liquidated. The health measures have been bound to the basic political, social, economic and cultural measures of the Government. The new health legislation had a marked medical and social target and was determined by the necessities of the particularly background sectors – tuberculosis control, rural health care, organization of outpatient facilities, medical and social protection of maternity and childhood, infectious diseases control etc.

During the first few years after the Socialist Revolution, maternity and child protection laws have been issued, as well as, laws for venereal diseases and tuberculosis control and a number of other normative acts as well. A Pharmaceutic State Firm has been established, and in this way the organization and the management of the drug supply and distribution have been taken over by the State.

A decisive moment in the history of the country was the *ratification of the first Constitution of the People's Republic of Bulgaria in 1977*, which had also a favourable effect on the development of the public health system in the country. For the first time, the responsibility of the State and society as regards to the protection, promotion and restoration of health and the working capacity of the people has been legalized. The basic conception of the Government's undertakings in the field of public health has been brilliantly expressed in the thought of George Dimitrov: 'The health and the working capacity of the people are the most precious national wealth'.

In order, to provide primary health care for the rural population, new health services have been organized in the villages. For the first time dental surgeries, maternity hospitals, creches and pharmacies have been opened in the larger villages. In only four years, the rural medical staff increased twice. In order to ensure a primary medical assistance for the urban population and intensive building of outpatient facilities was initiated in the towns.

One of the most important task in that period was the acceleration of the medical personnel training. The number of the admitted students in the Medical Faculty abruptly increased; a new Medical Faculty was opened in 1946 in the city of Plovdiv. Many new schools for the paramedical personnel training were organized too. Some of the nursing-aids in hospitals were trained in brief courses for sisters with incomplete medical education (the so called 'Samaritanians').

To meet the demands of the agricultural workers, 'nurses for the cooperative farms' have been trained with the aid of the Bulgarian Red Cross.

Thus, *in this initial period, a number of quantitative alterations in the field of public health were realized.* At the same time, however, some qualitative changes have been brought to life and certain measures assumed a pure socialist character.

The total reorganization of the public health system on a socialist basis, after the example of the Soviet public health began in 1950-1951. The most essential measures in the qualitative reorganization of the public health system were: authorisation of the microregional principle as a basis of the primary medical care organization; integration of the hospitals with the outpatient departments; extensive development of the network of specialized outpatient departments and adoption of the follow-up method of work as an universal method in activity of the medical establishments. At the same time (1951) the State Sanitary Inspectorate was founded, as well as services of sanitary inspection and epidemiological surveillance (1950-1952). The rapid development of the dispensaries was a considerable social achievement for the agricultural workers in the village cooperative farms.

The introduction of nation-wide, free of charge medical care in 1951 was of great social, political and medico-social importance. It was one of the biggest social achievements of the Bulgarian people.

BASIC PRINCIPLES OF THE PUBLIC HEALTH SYSTEM IN THE PEOPLE'S REPUBLIC OF BULGARIA

The Bulgarian public health system, represents comprehensive system of social, economic and health measures, realized by the society in order to ensure normal working and living conditions, harmonious physical and mental development, protection, promotion and restoration of the health, and creative longevity for all the members of society.

Going through exclusively difficult stages of development *Bulgarian Public Health nowadays, represents a harmonious, dynamic system connected functionally with the entire social and economic development of the country*, and related to all spheres of social life. The right of every citizen for good health is guaranteed by the Republic's Constitution and by the Public Health Law, and rests on the basic socialist principles.

The state character of the public health is the first basic principle. As a social structure, the public health system is built, organized, financed and directed by the State and for that reason it represents an integral part of its politics.

The institutional structure of the health network is built on a common hierarchical principle, compulsory for all administrative units in the country. This structural unity is an important stipulation for the even medical care distribution on the whole territory of the country, as well as for the effective administration of public health activities.

An important characteristic of Public health in the People's Republic of Bulgaria, *is its planning character*. The public health plan is an integral part of the uniform national economic plan. It is created on the basis of thorough scientific researches on the alterations of the ecological system 'man-environment', the incessantly changing requirements of the population for medical care, the tendencies of the health and demographic state of the country, the agglomeration of the population and the growth of the settlement systems, on the long-term prognostics for the development of the productive forces, on the development of the public health resources etc.

All this permits to work out basis for short-term and long-term planning of public health. The public health development on territorial and interstructural level is based on a system of dinamyc normatives.

The building of hospitals and other medical establishments is realised as part of the planned investment policy of the State in accordance with the demands of the population for medical care.

The current charges for public health activities are financed from the state budget and the managing functions of the budget are attributed to the district People's Councils and to the administration of the medical establishments.

Prophylactics is a main tendency of Bulgarian Public health. In the endeavour for good health the introduction of this principle is a qualitatively new and higher stage, which can be realized only, when the interests of the people and the State coincide and develop in an organic unity. Essential feature of the prophylactics in the People's Republic of Bulgaria is its comprehensive character. The activity sphere of the prophylactic measures is raised on a state level.

The protection and restoration of the environment (natural, occupational and living conditions) of man, became the first concern of the State and society at that stage. It occupied a central place in the complex programme for the social and economic development of the nation. In paragraph 9 of the Public Health Law of the People's Republic of Bulgaria is written: 'The Ministries and the other departments, the People's Councils and the other state organs, the economic and social organizations conduct medical, hygienic and prophylactic measures for environmental pollution control, in order to ensure hygienic conditions for living, work and rest for the population and for disease control'. Wide-scope measures for the identification of the risk factors in the environment were conducted in order to escape their unhealthy effect on man.

A specialised organ — the Council for protection and Restoration of Nature, has been created at the State Council of People's Republic of Bulgaria, which aims at solving the ecological problems.

The successful social and economic development of the country created favourable conditions for the gradual decrease of the incidence of some, and the complete eradication of other infectious and parasitic diseases. Under the organizational and systematic guidance of the Inspectorates of Hygiene and Epidemiology with the active participation of all prophylactic and curative establishments, as well as of the population itself, for many years along, a planned and comprehensive immunoprophylactics and other antiepidemic measures have been taken.

In recent years, a special attention is drawn on the personal prophylactics, and on the endeavour for promotion of proper nutrition and of active control on the health status of the population etc.

Another basic principle of public health for the Bulgarian people is the *ensurance of a mass accessible, free of charge and qualified medical care for the whole population*. On the present stage, the prophylactic, diagnostic, curative and rehabilitative measures, as well as some of the social ones for the protection, promotion and restoration of the people's health are realized by a widely spread, hierarchical, state functioning and mutually coordinated system of health establishments covering by their activities the population of the country as a whole and every person individually from his birth till his death.

The health structure of a higher level executes a more and more specialized activity and represents an integral part of the uniform public health system.

The basic organizational unit of public health is *the team of micro-regional physicians*. The primary health care in all its medical aspects and in some of its social ones is realized by team.

In the People's Republic of Bulgaria, primary health care offered entirely by non-medical people is an already covered stage.

Public health in Bulgaria is built up and developed on the principle for *unity of medical science and practice*. This principle is realized by the wide development of the fundamental and applied medical scientific researches and by the implication of the latest scientific achievements into practice. The medical science provides the medical workers with modern methods of prophylaxis, diagnostics, treatment and rehabilitation. The ensurance of scientific progress in the public health practice, is a subject of special care on the part of the health authorities. This contributes to the permanent improvement of the people's health status.

The wide participation of society and of the population in the State activity for the protection, promotion and restoration the health of the population, is a fundamental principle of Bulgarian Public health. The activity of the population, directed and supported by the state organs, is a powerful stimulating factor for the successful fulfilment of all prophylactic and medico-social measures. The organizational forms of the participation of the population in Public health are — the Standing

Committees at the National Assembly; the district and municipal People's Councils; the health teams at the medical establishments the members of the health groups organized in factories, schools and agricultural units.

For carrying out into practice all these principles, the national public health system has at its disposal a widespread network of hygiene and epidemiologic, outpatient and hospital, sanatorium and resort establishments, as well as of pharmacies and social care units.

ORGANIZATION OF PRIMARY HEALTH CARE

In the People's Republic of Bulgaria — a developed industrial and agrarian country, disposing of an organized Public health system with a harmonious and dynamic structure (covering the whole population) primary health care is in fact medical care, because in its largest part it is realized by medical staff.

Health care of the population is organized on different levels, according to the administrative subdivisions of the country and the regional principle of medical care, i.e., on regional (local), district, and national levels (Fig. 1).

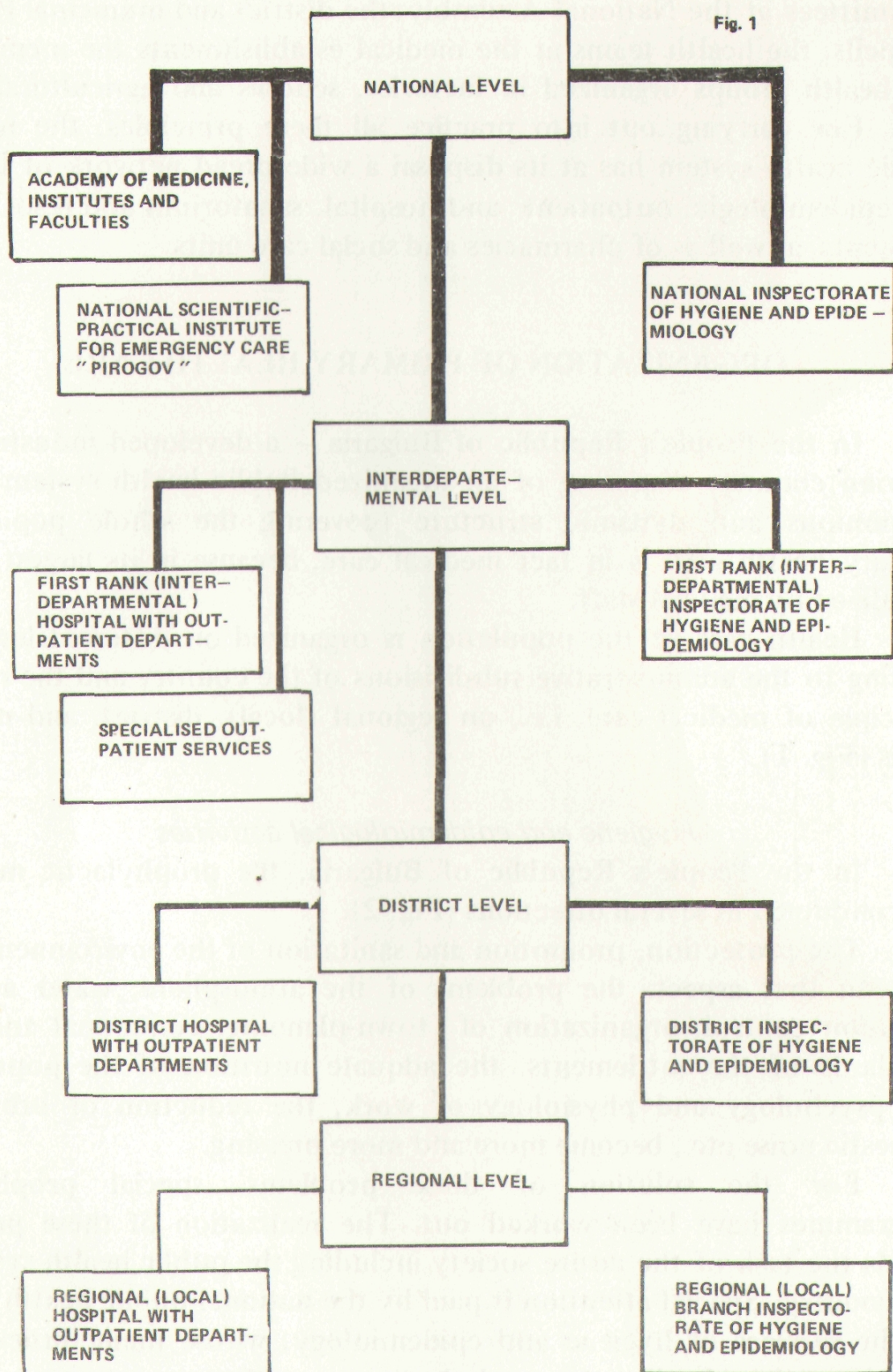
Hygiene and epidemiological activities

In the People's Republic of Bulgaria, the prophylactic measures are conducted in several directions (Fig. 2).

The protection, promotion and sanitation of the environment come first. In that aspect, the problems of the atmosphere, water and soil pollution control, organization of town-planning, communal and living standards of the settlements, the adequate nutrition of the population; the psychology and physiology of work, the reduction of urban and domestic noise etc., become more and more pressing.

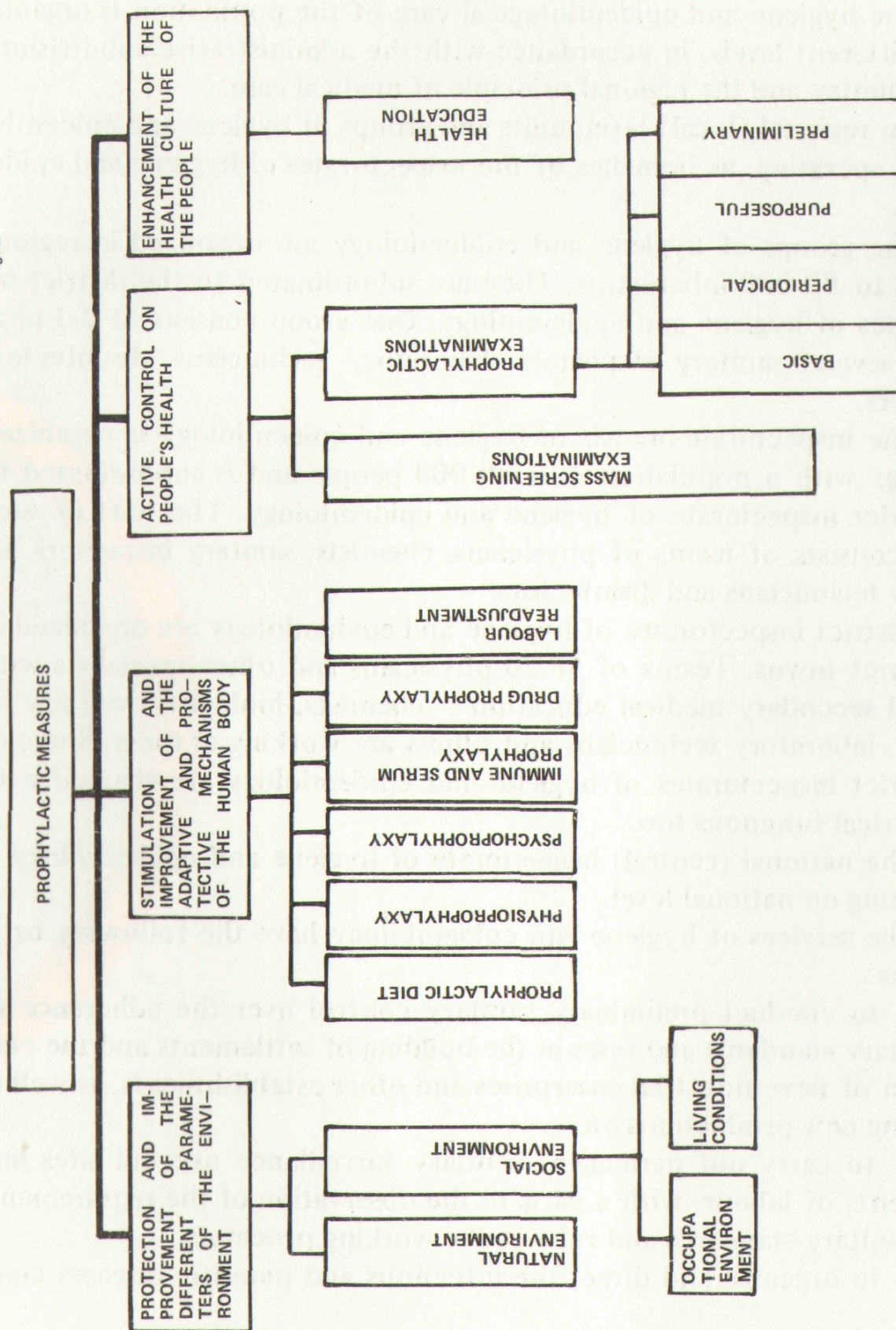
For the solution of these problems, special prophylactic programmes have been worked out. The realization of these programmes is the task of the entire society including the public health system of the country. Special attention is paid by the national public health system on the services of hygiene and epidemiology, whose main duties are to organize and guide all these prophylactic measures.

Fig. 1



**LEVELS OF THE MEDICAL ESTABLISHMENTS AND SERVICES
OF HYGIENE AND EPIDEMIOLOGY IN THE
PEOPLE'S REPUBLIC OF BULGARIA**

Fig. 2



The hygiene and epidemiological care of the population is organized on different levels, in accordance with the administrative subdivisions of the country and the regional principle of medical care.

On regional (local) level, units and groups of hygiene and epidemiology are operating, as branches of the inspectorates of hygiene and epidemiology.

The groups of hygiene and epidemiology are organized in regions with up to 80 000 inhabitants. They are subordinated to the district inspectorates of hygiene and epidemiology. One group consists of 2-3 physicians, several sanitary inspectors, laboratory technicians, disinfectors and others.

The inspectorate-branch of hygiene and epidemiology is organized in regions with a population over 80 000 people and is subordinated to the district inspectorate of hygiene and epidemiology. The staff of such branch consists of teams of physicians, chemists, sanitary inspectors, laboratory technicians and disinfectors.

District inspectorates of hygiene and epidemiology are organized in the district towns. Teams of 18-20 physicians and other specialists with high and secondary medical education — chemists, biologists, sanitary inspectors, laboratory technicians and others are working at them. Some of the district inspectorates of hygiene and epidemiology are charged with interdistrictal functions too.

The national (central) inspectorate of hygiene and epidemiology is functioning on national level.

The services of hygiene and epidemiology have the following basic functions:

- to conduct preliminary sanitary control over the adherence to the sanitary standards and rules in the building of settlements and the construction of new industrial enterprises and other establishments, as well as in starting new productions etc.

- to carry out permanent sanitary surveillance over all sites and equipments of labour, with a view to the observation of the requirements of the sanitary standards and rules in the working processes.

- to organize and direct the infectious and parasitic diseases control.

- to ensure the medical protection of the State's frontiers

- to organize together with the entire network of medical services and society the conduction of prophylactic measures of national and local importance.

- to organize the health education of the population.

The hygiene and epidemiological care of the population, realized on the different levels, is planned, organized and directed by the inspectorates of hygiene and epidemiology. The first stage of activity is carried out on the level of the rural and industrial microregional assistant physician's health centres and the rural and urban microregional physician's centres. In the sphere of their competence and in accordance with the rights delegated to them, these medical workers execute the following basic functions:

- to organize the sanitary reconstruction and modernization of the settlements.

- to conduct sanitary control over the water supply equipments and over the provision of adequate supplies of high quality waters for the population.

- to conduct sanitary control over public utilities and over health establishments.

- to direct the adoption of rational standards and regimens of nutrition.

- to conduct sanitary control over public catering establishments and over the health status of the staff working there.

- to exercise sanitary control over the observation of the hygienic requirements of agricultural labour and over the working conditions in the industrial enterprises.

- to conduct a current sanitary control in the children's and the educational institutions over the factors of the educational environment, nutrition, daily work regimen and the organization of the educational and industrial practice, as well as over the observation of the hygienic requirements in the organized forms of recreation, over the ensurance of antiepidemic measures for the surveillance of infectious and parasitic diseases, over the activities in the field of health education etc.

- to conduct urgent prophylactic and antiepidemic measures for the eradication of newly arised epidemics of infectious diseases, carry out prophylactic immunizations and supervise the antiepidemic regimen in the children's nurseries and health establishments.

The specialized sanitary and antiepidemic control is conducted by the inspectorates of hygiene and epidemiology and their branches, and by the groups for hygiene and epidemiology (Fig. 3).

The groups of hygiene and epidemiology and the branches of the inspectorates of hygiene and epidemiology conduct a current sanitary control on public utilities, industrial enterprises, agricultural sites, public catering establishments and children's educational institutions. They organise the fulfilment of the antiepidemic measures — immunizations, disinfection, disinsection and deratization.

The district inspectorates of hygiene and epidemiology execute specialized sanitary and epidemiological activities in the sphere of epidemiology, social hygiene, occupational hygiene, hygiene of nutrition and hygiene of children and adolescents. These district services include microbiological, parasitological and chemical laboratories.

The inspectorates of hygiene and epidemiology, having interdistrictal functions perform for several districts complex and special laboratory tests, sanitary and technical expertises of the newly built sites, analyses food additives, residual pesticides, virusological investigations, etc.

The national inspectorates of hygiene and epidemiology exercises a systematic guidance and control over all local medical services, renders practical assistance in the organization and the execution of the state sanitary control, conducts a sanitary control over basic problems and over important sites with national significance, realizes the sanitary and technical expertises on standard projects, over sites of national importance, elaborated measures for prophylaxis and reduction of infectious and parasitic morbidity, carries out measures for the medical and sanitary protection of the country against quarantine and especially dangerous infections.


In their activity, the services and the establishments of hygiene and epidemiology rely on the active participation and cooperation of all state, economic and social organs and organizations and of the entire population.

As a result of the close correlation of the services of hygiene and epidemiology and the network of medical services and the active cooperation of society and the population, considerable success was obtained in environmental sanitation on the basis of the respective sanitation program-

Fig. 3

TYPE OF THE ESTABLISHMENT OF HYGIENE AND EPIDEMIOLOGY	TYPE OF THE ESTABLISHMENT OF HYGIENE AND EPIDEMIOLOGY				
	NHEI	HEI I	HEI II	HEB	HEG
EPIDEMIOLOGY					
MICROBIOLOGY					
DISINFECTION, DISINSECTION, DERATISATION					
COMMUNAL HYGIENE					
OCCUPATIONAL HYGIENE					
NUTRITIONAL HYGIENE					
HYGIENE OF CHILDHOOD AND ADOLESCENCE					
HEALTH EDUCATION					
PARASITOLOGY					
VIRUSOLOGY					
TOXICOLOGY					
PHYSIOLOGY					
SANITARY TECHNICAL EXPERTISE					
MEDICO-SANITARY LABORATORY EXAMINATIONS					
SANITARY-HYGIENE LABORATORY EXAMINATIONS					
ORGANISATION-SYSTEMATIC ASSISTANCE					
RADIATION HYGIENE					

 FUNCTIONING SERVICES OF GIVEN PROFILE

 OPENED ACCORDING TO STAFF POSSIBILITIES AND NEEDS. IN INDIVIDUAL CASES THE TYPES OF ASSISTANCE ARE REALIZED BY EXPORTING SPECIALISTS (IN SOME OF THE DAYS OF THE WEEK).

SCOPE OF HYGIENE-EPIDEMIOLOGICAL ASSISTANCE

mes. Thus, for example, a number of industrial enterprises polluting the atmosphere were moved out of the settlements. At present, 96 per cent of the population of the country, uses pure drinking water from the central water supply system, and 3,6 per cent from controlled local water sources. The number of the industrial and agricultural sites reorganized in accordance with the hygienic standards, rules and requirements increases steadily. A great success has been attained in mining dust control and in the sharp reduction of the pneumoconioses. The achievements in the limitation of the harmful effect of the chemical substances used in industry and agriculture are also considerable. A number of physiological and ergonomical problems are solved more and more successfully, as for example, the improvement of the regimens of work and rest, the introduction of new working furniture, industrial equipment etc., in accordance with the requirements of ergonomics.

A national programme on the safety and work hygiene for the period 1976-1980 has been elaborated and ratified, aiming at the solution of the complex problems of occupational hygiene and for the radical sanitation of the working conditions in all branches of industry.

Considerable achievements have been obtained in the endeavour for prevention, reduction and eradication of the infectious diseases in Bulgaria. This activity is conducted systematically and purposefully by the inspectorates of hygiene and epidemiology and by the medical establishments with the active participation of the administrative services and the social organizations. A basic role in that respect, have the prophylactic immunizations, which, according to the Public Health Law, are performed annually in accordance with an adopted immunization calendar. Their wide application permits the attainment of a great progress in the infectious diseases control (tabl. 1).

Table 1

ACHIEVEMENTS IN THE STRUGGLE AGAINST THE INFECTIOUS AND PARASITIC DISEASES IN THE PEOPLE'S REPUBLIC OF BULGARIA

Morbidity per 100 000 people

Kinds of diseases	1944	1955	1965	1975	1976	1977
1. Acute Poliomyelitis	1,5	1,5	0,0	0,0	0,0	0,0
2. Typhus	22,4	0,5	0,0	0,0	0,0	0,0
3. Diphtheria	57,1	9,6	0,2	0,0	0,0	0,0
4. Malaria	52,7	9,0	0,1	0,5	0,2	0,2
5. Typhoid fever	5,7	2,4	0,4	0,2	0,04	0,02
6. Tetanus	3,3	4,3	1,4	0,3	0,3	0,3
7. Whooping cough	15,3 ^x	252,4	18,1	5,6	1,6	15,9
8. Mumps	35,5 ^x	151,0	250,9	400,8	179,1	31,1
9. Measles	23,3 ^x	408,6	354,1	231,2	193,5	9,2
10. Dysentery	2,0 ^x	232,3	127,2	184,8	97,4	179,0
11. Viral Hepatitis	x x	152,1	233,5	115,7	116,3	134,9

x — Lack of full registration

x x — Lack of registration

In the People's Republic of Bulgaria an unified national system of air and water pollution control is functioning. On the basis of the information obtained through that system, decisions are taken and measures are worked out aiming at environmental sanitation.

Health Education

After the establishment of the Socialist system in Bulgaria, the health education became an integral part of the entire educational system of the State and began to develop rapidly. In the first years after the Revolution, outlining the directions of the new Public health system, the illustrious son of the Bulgarian nation, George Dimitrov said: 'We are in need of preventive medicine and good sanitary and hygiene propaganda'.

The principles, guiding planning, organization and management of health education activities in Bulgaria derive from the basic principles on which the public health system is organized. The significance of the health education in the Socialist public health system is stipulated by its prophylactic tendencies and by the active and mass participation of the population in the versatile activities for the health protection of the people. The health education is a State's responsibility realized by its organs and is under its direct management.

Health education activities in the country are directed towards the formation of such health behaviour and education, which will enable every citizen to protect and promote his own health, as well as the health of his family and his relatives.

On the second place, the health culture stimulates the initiative of the population and of the individual person to participate in the realization of sanitary measures and measures for environmental sanitation, transforming each citizen into an active champion of the people's health and welfare.

In order to realize these activities, specialized services for health education were formed in the framework of the public health system. An Institute for Health Education has been created at the Ministry of Public Health, aiming at the organization and the scientific and systematic guidance of health education in the country. Irrespective of that, departments for Health Education were organized in all district inspectorates of hygiene and epidemiology. Their duties are two fold — to carry out health education by their own means and to organize the involvement of all health establishments and medical workers in health educational activities. At the same time, the Institute is responsible for the publication of different materials indispensable for the regular and purposeful direction of health education activities, as theses for lectures and meetings, films, slides, placards, exhibitions, leaflets, booklets etc. Series of health lectures are issued too — 'Library of Health', 'Health Lectures for the Worker', 'Health Lectures for the Rural Population', 'Health Lectures for the Pupil', 'Nutrition and Health', etc.

The health education in the People's Republic of Bulgaria is organized and managed on the basis of long-term and operative plans. At present, the basic programme document, after which health education activities are organized and conducted, is the Perspective Programme for the

Promotion of the People's Health Culture, accepted by the Council of Ministers in 1976.

In the country, health education is conducted obligatory in every health establishment and is an integral part of the activity of every medical worker. Health education activities among the people are included in the routine work of the medical workers. They are these, who advise the people in the dispensaries and the outpatient departments, who read lectures in the town's quarters, in the factories, in the enterprises and schools, and who are the authors of the health education materials.

The Health education in the country is conducted not only by the organs of the public health system, but also by a number of other state institutions and organizations — the Ministry of Education, the Committee of Culture, the Bulgarian Cinematography, the means for mass information, the Trade-Unions, the Youth Organization, the Committee of Bulgarian Women, the Committee of Soberness and others. The activity of all these institutions is coordinated and directed systematically by the Ministry of Public Health and the National Council for Health Education, created on social principles at the same Ministry.

The Bulgarian Red Cross also displays widescope activities in the field of health education. Annually thousands Bulgarian people are trained in different courses, organized by this mass organization. In only one year, more than 300 000 people attend the courses on nutrition, on nursing ill people at home, on longevity, on the hygiene of youth, on the hygiene of marriage, on the hygiene of living conditions and others.

Thousands of health posts render first and and take care of the hygiene and the dissemination of health education on social principles. Especially significant is the activity of the Bulgarian Red Cross in the schools. There, this activity is directed towards the hygiene education of the pupils, including their participation in the struggle against smoking and drinking, their sexual education, and their training in the health posts for rendering first aid, etc.

The Bulgarian Red Cross and the medical workers have created a large network of well-trained, active people, for rendering first aid in cases of road, mountain and water accidents in natural calamities and others.

A considerable part of the work for the promotion of the population's health culture is carried out by the Fatherland Front — the largest social and political mass organization in the country. Through this organi-

zation thousands of health lectures and various prophylactic measures are organized annually in towns and villages.

As a result of this enormous mass health education, the level of the population's health culture has increased considerably. The health prejudices and the ignorance have almost disappeared. A life, in conformity with the standards of hygiene penetrates more and more in the family life. The people look already for medical assistance deliberately, on time and with full confidence, almost all pregnant women come for the delivery in the maternity hospitals and there they listen and obey readily to the advices of the physicians and the midwives, the people respond willingly to the mass prophylactic examinations and to the immunizations and vaccinatons, children's care and the mode of their up-bringing have improved immensely. It can be stated, that without these changes in the people's conceptions inregards to their health, and without their enhanced health culture, the enormous success in the field of public health and especially in primary medical care, with which the Bulgarian people can be proud, could never be attained.

Organization of Primary Medical Care

Out-patient and day-patient care is the most mass type of medical care. In the outpateint departments, to a large extent, the problems of prophylactics, diagnostics, treatment, occupation-medical expertise and rehabilitation of the majority of the people in need of medical care, are solved. This determines the leading role of the outpatient departments in the solving of the problems connected with the health status of the population.

The microregional principle (territorial and occupational) is accepted as a basic principle of primary medical care in the contemporary organization of outpatient care. The microregional system for outpatient medical care reflects in its contents, the synthesis of the prophylactic and curative medicine. By applying the microregional principle to outpatient medical care, the following advantages are obtained:

- Unity of medical and sanitary measures aimed at man and environment.
- Unity of medical care provided to the population living and working on a given territory.

In Bulgaria the following physician's and dentists' microregions are organized, in accordance with the size and the territory dislocation of the attended contingent:

The village health microregion is organized in one or several villages with a population of 1500-3500 people. In such microregions qualified primary medical care is provided to the entire population. Every microregion is attended by a team formed out by a physician, a dentist, a midwife, nurses, physician's assistants and auxilliary medical personnel. Dispensaries headed by feldshers are organized in order to ensure health care in small constituent villages in the structure of the village health microregions. In them, the physician's assistants work under the guidance of the microregional physician.

The therapeutic microregion organized in the towns and cities is the basic unit in the infrastructure of the outpatient medical care of adults. It covers a territory with adult population of 3000-3500 people. A team of a physician-general practitioner or specialist in internal medicine, nurses and physician's assistants works there. For the medical care of the near-by villages, the therapeutic microregion includes in its structure physician's assistants's dispensaries in order to provide health care to the inhabitants of the near-by villages.

The enterprise-departmental physician's microregion is organized in enterprises for ensuring medical care for 1200-2000 workers. The medical team of the departmental microregion is composed of a physician (G.P.), a dentist, a physician's assistant and a nurse. In enterprises with more than 800 women workers, a midwife is included in the team. Physician's assistants' dispensaries are organized in distant departments of the enterprise with more than 200 workers.

The pediatric microregion is organized for the attendance of 1000 children on an average, aged up to 15. A microregional pediatrician and two nurses — a microregional nurse and a patronage nurse — are included in its structure.

The School health microregion is organized for 200 and more pupils. The necessary pediatric or internal medical care is ensured in accordance with the age of the pupils. There a school physician — pediatrician or internal medicine specialist — is working aiming at the specific medical problems of the rising generation. Nurses and physician's assistants are included in the team.

The obstetric and gynaecological microregion is organized on a territory with a total population of 17 000-18 000 people or in industrial enterprises with more than 4000 women workers. A primary, specialized obstetric and gynaecological care is provided. The team of midwives is headed by an obstetrician-gynaecologist.

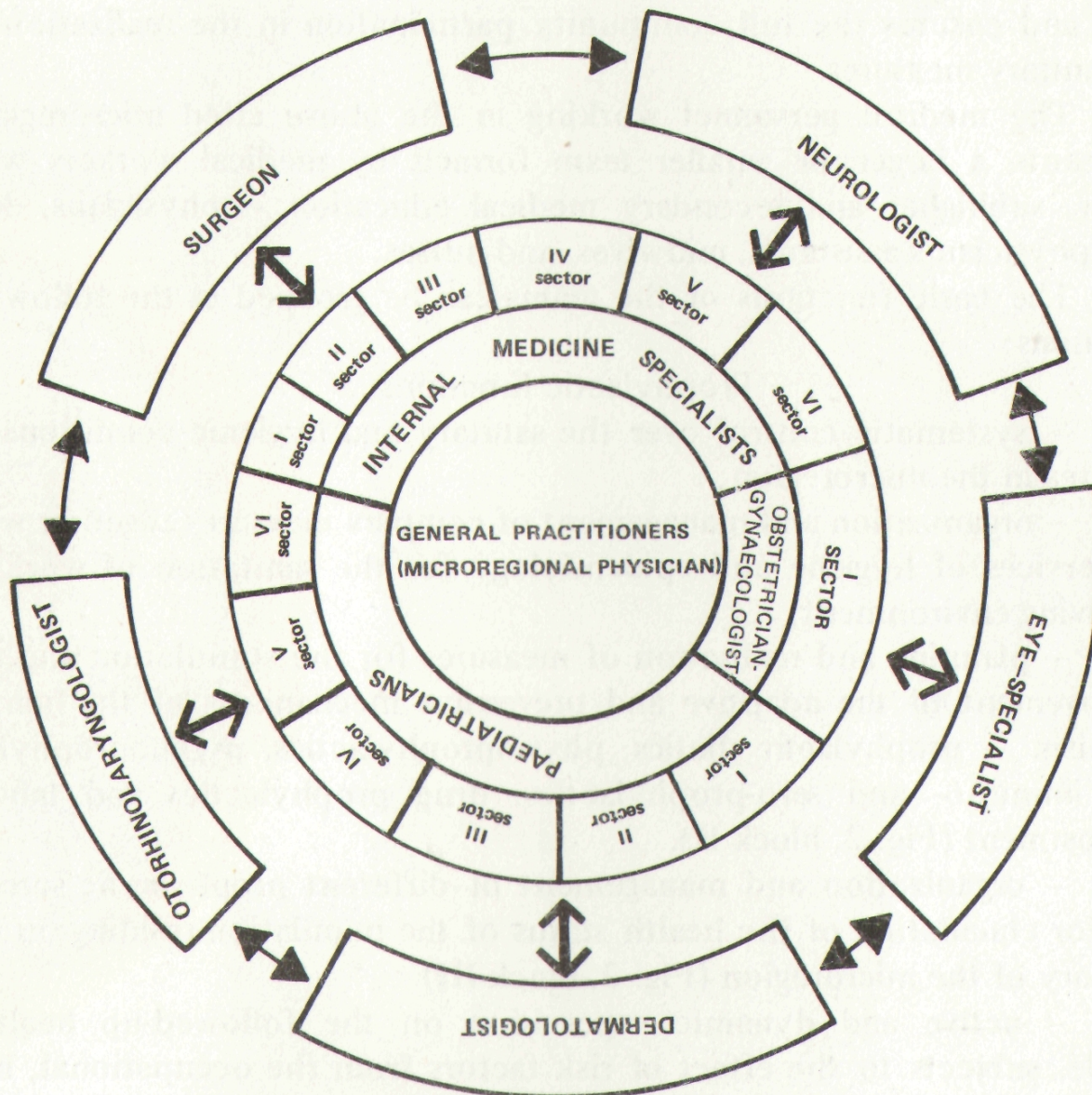
In the rural medical service, in which an obstetric and gynaecological microregion is not organized, a maternity health centre is organized and managed by the medical worker in charge of the dispensary. He ensures the prophylactic surveillance only on women with normal pregnancy, while these with pathologic pregnancy are looked after in the outpatient department of the regional or district hospital.

Stomatological microregion. It forms an integral part of outpatient medical care and is a constituent part of the dispensary, or of the outpatient department's stomatological ward of the regional (local) hospital, or of the district stomatological outpatient department. It attends on a territorial principle the population elder than 18 years, while the children and the pupils are attended by profiled children's and school's dentists. In the industrial enterprises a departmental stomatological microregion is organized.

The types of the health microregions described above, provided the majority of the people with primary medical care in internal medicine, pediatric, obstetric and gynaecological and stomatological aspects. Primary medical care in the remaining aspects is provided by the general outpatient departments, in the specialized outpatient departments and in the district stomatological outpatient departments. A successful supplement to the microregional principle in the country is the widespread organizational form of team care (Fig. 4). The basic sense and contents of this form is expressed in the following: the microregional principle becomes essential not only for the internal medicine specialists, pediatricians, and the obstetrician-gynecologists, but also for the other specialists in the outpatient departments. In compliance with the capacity of the establishment one, two or more teams are organized, composed of 5-6 microregional internal disease specialists, pediatricians, obstetric-gynaecologists and a surgeon, neurologist, eye-specialist, otorhinolaryngologist and dermatologist. All these attend patients in a synchronized schedule. That creates a possibility for timeliness, quality and complexity of the diagnostic and curative process.

TEAM MEDICAL ASSISTANCE

Fig. 4



A basic personage in the outpatient department for the outpatient medical care of the population is the microregional physician. He organiz-

es and manages a wide range of medical measures, directed towards the prevention, promotion and restoration of the health, the working capacity and the creative longevity of the population attended by him. The microregional physician unifies the activities of the other specialists in the outpatient departments and the services of hygiene and epidemiology, and ensures the full community participation in the realization of the sanitary measures.

The medical personnel working in the above cited microregions represents a larger or smaller team formed by medical workers with higher, subhigher and secondary medical education — physicians, dentists, physician's assistants, midwives, and nurses.

The basic functions of the teams can be grouped in the following directions:

Prophylactic functions

- systematic control over the sanitary and hygienic conditions of the sites in the microregion;

- organization and management of complex measures together with the services of hygiene and epidemiology for the sanitation of working and living environment;

- planning and realisation of measures for the stimulation and the improvement of the adaptive and preventive mechanisms of the human organism — prophylactic dietetics, physioprophyllactics, psychoprophyllactics, immuno- and sero-prophyllactics, drug prophylactics and labour readjustment (Fig. 2, block II).

- organization and management of different prophylactic screenings for elucidation of the health status of the population residing on the territory of the microregion (Fig. 2, block III).

- active and dynamic supervision on the followed-up healthy people, subjects to the effect of risk factors from the occupational, biologic and living environment;

- promotion of health education and formation of healthy habits among the people with a view to their active participation in the protection and promotion of personal and social health (fig. 1, block IV).

Diagnosis and treatment

- provision of an accessible, timely, qualified and effective diagnosis and treatment of the patients in the outpatient departments and at home;

- prescription and promotion of the realization of dietetic nutrition, prophylactorium and sanatorium-resort treatment and hospitalization;

- coordination of the diagnostic and curative activities of the different specialists concerning each patient;

- realization of active and dynamic surveillance of the followed-up patients.

Occupational expertise functions

- realization of the necessary occupational-expertise measures — sick-leave, labour-readjustments, etc.

Rehabilitation functions

- ensurance of the accomplishment of medical rehabilitation measures for those threatened by invalidity and for the already disabled persons.

Parallel with their general functions, the microregional teams have also specific functions in the different profiles, such as:

The enterprise-shops team, together with the administration and the trade-union organs in the enterprises, in close cooperation with the Departments of occupational hygiene at the Inspectorates of hygiene and epidemiology, participates in the working out of prophylactic programmes for the enterprises in order to improve the working conditions in them and controls the application of programmes:

- in cooperation with the administrative and trade-union organs of the enterprises conducts a number of measures with an immense health and economic effect among the workers, such as: labour-readjustment of workers and control over its effectivity; proper (prophylactic) and dietetic nutrition, prophylactorium and balneotherapy, systematic ultra-violet rays treatment, gymnastics during work-time, control over the provision and the utilization of the personal protective means;

- makes regular analyses of morbidity accompanied by temporary incapacity of work and proposes to the administrative and trade-union's organs definite measures for its reduction;

- delivers internal medicine primary medical care directed towards work pathology in accordance with the characteristic for the corresponding branch of industry.

The pediatric microregional team provides an active and dynamic supervision on the new-born and the centres with a view to the proper

physiological and psychological development of the child, displays an active influence on the members of the family with a view to the improvement of the living conditions (sanitary, psychoclimate, etc.) in which the children grow up and develop.

The school microregional team studies the labour and living conditions in the schools, conducts measures for the liquidation of the unfavourable factors, organizes and provides mass health education among the pupils and looks after the adaptation of healthy habits and health culture by the rising generation.

In the structure of the internal medicine, enterprise-shops, pediatric and school microregions, the physician's assistant's health services are organized for 300-1500 rural population or more than 200 workers, pupils and children. As an exception, such a service can be organized in distant and difficult to access villages with a population not less than 200 inhabitants. In these services paramedical primary care is delivered. The physician's assistants in these services work under the direct guidance and control of the microregional physician, to whom all patients who are in need for more specialized medical care can be transferred. They conduct a current sanitary control upon the village's public utilities, agricultural sites, public catering establishments and the children's prophylactic and educational establishments. They participate in the promotion of antiepidemic measures — immunizations, surveillance on the infectious foci etc.

In his activities they rely on the wide support of the sanitary formations, and the health posts in order to ensure such measures as the sanitation of the settlements, the conduction of immunizations, rendering of first aid during hard agricultural activities, etc.

The obstetric and gynaecological team organizes and manages measures for the protection of the health, the reproductive capacity and the working capacity of women; protects the health of the foetus and the woman during pregnancy and assists for the delivery of a healthy infant; studies and improves the working and living conditions of the women and labour-readjusts the pregnant and gynaecologically ill patients; carries out planned activities for the limitation of abortions and the applications of contraceptive means; conducts health educational activities and lectures on the problems of the genital organs' hygiene, on the reproductive capacity and sexual life of the women; assists the ensurance of the

rights and privileges of the mothers granted to them by the Socialist Legislation through the specially organized departments for social and law protection of pregnancy, motherhood and childhood.

The function of the microregional dentists is directed towards the management of the following health measures — organization of planned prophylactic stomatologic examinations of the children from 3 to 7 years of age and all pupils, of the pregnant women and of the people working in unhealthy conditions and subjected by the microregional physician to the follow-up method, organization and management of the mass fluorine prophylactics of all children under 7, and all pupils by means of fluorine containing tablets, mineral waters and tooth-pastes, conduction of a target health education among the population with a view to the promotion of health knowledge and the maintenance of an appropriate hygiene in the oral cavity, the limitation of harmful habits among children and to the timely looking for stomatological care, active, free of charge and complete sanitation of the discovered by the screening method patients, free of charge treatment of all people who are in need of curative, surgical, orthopedic, parodontological and physiotherapeutic stomatological care.

Structure of the primary medical establishments

The widespread network of dispensaries and outpatient establishments in this country, provides the population in the outpatient departments and at home with free of charge, accessible paramedical help and qualified and specialised medical care.

The medical services of general type, that provide the population with primary medical care, classified according to their capacities are the following:

The Village dispensary. It attends one or several villages with a total population of 3500-6000 inhabitants, and includes an internal medicine, pediatric and stomatological microregions.

The outpatients departments. They are complex medical establishments, delivering qualified and specialized primary and consultative outpatient medical care, both to the urban and to the rural population. They are developed as part of the regional, district or labour hospitals or as an independent establishments. The number of the outpatient departments in the towns is in accordance with the number of the inhabitants, and their dislocation is in conformity with their necessary closeness to

the attended population. An outpatient department in the big cities attends about 40 000 people on an average.

The physician's microregions (internal medicine, enterprise-departmental, pediatric and obstetric-gynaecological) are the basic structural and functional units of each outpatient establishment. Primary medical care is delivered both by the microregional physicians and by the specialists of the outpatient establishments at all levels. The specialists provide a prophylactic, diagnostic and curative, occupational expertise and rehabilitative care according to their speciality, both to the patients sent for consultations by the microregional physicians and to the patients directly sent to them by the registration offices. In close and constant interactions with the microregional physicians, they take active participation according to their specialty in the conduction of the prophylactic examinations, in the application of the follow-up method on the population and in the health educational activities.

The outpatient departments, according to the number of the attended people and the functions they execute, are divided in five types. In them, an assistance of determined speciality is provided in conformity with the type of the outpatient department (Fig. 5). The outpatient departments of type I, II and III are organized in the towns and cities, and these of types IV and V, are organized chiefly in the larger central villages. In the latter, according to prearranged schedules, different specialists are working — surgeons, neurologists, otorhinolaryngologists, ophthalmologists and others, coming from the regional or district hospitals, with a view to bringing the specialized primary medical care closer to the rural population.

Labour outpatient departments are organized at the industrial sites and complexes, with more than 10 000 workers. As a rule, they are included in the structure of the regional or the workers hospitals.

The stomatologic care network (Fig. 6) repeats to a large extent the structure of the services for primary medical care. Dentist's surgeries are organized at the physician's microregions in the villages, at the physician's health services in the industrial enterprises and the schools and at the outpatient departments of type IV and V. Stomatologic departments are organized at the outpatient departments types II and III of the regional hospitals. Independent district stomatological outpatient departments, providing a consultative and specialized stomatological care for the popu-

Fig. 5

A. INTERNAL MEDICINE ASSISTANCE

TYPE OF MEDICAL ASSISTANCE	TYPE OF POLICLINICS				
	I	II	III	IV	V
GENERAL INTERNAL MEDICINE					
RHEUMO-CARDIOLOGIC					
GERIATRIC					
PULMOLOGIC					
GASTROENTEROLOGIC					
ENDOCRINOLOGIC					
INFECTIOUS					
ALLERGOLOGIC					
NEPHROLOGIC					
TOXICOLOGIC					
HAEMATOLOGIC					
PARASITOLOGIC					

B. PAEDIATRIC ASSISTANCE

TYPE OF MEDICAL ASSISTANCE	TYPE OF POLICLINICS				
	I	II	III	IV	V
GENERAL PAEDIATRIC					
PAEDIATRIC OTORHINOLARYNGOLOGICAL					
PAEDIATRIC OPHTHALMOLOGIC					
PAEDIATRIC RHEUMOCARDIOLOGIC					
PAEDIATRIC NEUROLOGIC					
PAEDIATRIC PSYCHIATRIC					
PAEDIATRIC MEDICAL-PEDAGOGIC					
PAEDIATRIC GASTROENTEROLOGIC					
PAEDIATRIC ENDOCRINOLOGIC					
PAEDIATRIC NEPHROLOGIC					
PAEDIATRIC HAEMATOLOGIC					
PAEDIATRIC PULMOLOGIC					
PAEDIATRIC SURGERY					
PAEDIATRIC GYNAECOLOGIC					

TYPES OF OUTPATIENT ASSISTANCE ON DIFFERENT LEVELS

TYPE OF MEDICAL ASSISTANCE	TYPE OF POLICLINICS				
	I	II	III	IV	V
GENERAL SURGERY	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	OPENED ACCORDING TO THE STAFF POSSIBILITIES AND THE NEEDS OF THE POPULATION	
OPHTHALMOLOGIC (EYE DISEASES)	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE		
OTORHINOLARYNGOLOGIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE		
ORTHOPEDIC TRAUMATOLOGY	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE			
UROLOGIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	OPENED ACCORDING TO THE STAFF POSSIBILITIES AND THE NEEDS OF THE POPULATION			
AUDIOLOGIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	OPENED ACCORDING TO THE STAFF POSSIBILITIES AND THE NEEDS OF THE POPULATION			
OTONEUROLOGIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	OPENED ACCORDING TO THE STAFF POSSIBILITIES AND THE NEEDS OF THE POPULATION			
NEUROSURGERIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE				
PHONiatric	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE				
MEDICAL GENETIC CONSULTATION	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE				
OBSTETRIC GYNAECOLOGIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	OPENED ACCORDING TO THE STAFF POSSIBILITIES AND THE NEEDS OF THE POPULATION	OPENED ACCORDING TO THE STAFF POSSIBILITIES AND THE NEEDS OF THE POPULATION
SOCIO-LEGAL	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	OPENED ACCORDING TO THE STAFF POSSIBILITIES AND THE NEEDS OF THE POPULATION			
STERILITY AND INFERTILITY	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	OPENED ACCORDING TO THE STAFF POSSIBILITIES AND THE NEEDS OF THE POPULATION			
VASCULAR SURGERIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE				

D. OTHER TYPES OF MEDICAL ASSISTANCE

TYPE OF MEDICAL ASSISTANCE	TYPE OF POLICLINICS				
	I	II	III	IV	V
NEUROLOGIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE		
DERMATO-VENEROLOGIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	OPENED ACCORDING TO THE STAFF POSSIBILITIES AND THE NEEDS OF THE POPULATION		
SEXOLOGIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	OPENED ACCORDING TO THE STAFF POSSIBILITIES AND THE NEEDS OF THE POPULATION			
PSYCHIATRIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE				
LOGOPEDIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE				
CLINICAL LABORATORY – CYTOLOGIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	OPENED ACCORDING TO THE STAFF POSSIBILITIES AND THE NEEDS OF THE POPULATION
CLINICAL LABORATORY – BIOCHEMISTRY	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE		
FUNCTIONAL DIAGNOSTIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE			
X-RAYS DIAGNOSTIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	OPENED ACCORDING TO THE STAFF POSSIBILITIES AND THE NEEDS OF THE POPULATION	
FLUOROGRAPHIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE			
RADIOLOGIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE				
PHYSIOTHERAPIC	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE
REHABILITATION	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE	OPENED ACCORDING TO THE STAFF POSSIBILITIES AND THE NEEDS OF THE POPULATION		
MEDICAL CONTROL OF PHYSICAL CULTURE	OPENED ACCORDING TO THE STAFF POSSIBILITIES AND THE NEEDS OF THE POPULATION	OPENED ACCORDING TO THE STAFF POSSIBILITIES AND THE NEEDS OF THE POPULATION			
OCCUPATIONAL— MEDICAL EXPERTISE	FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE				

LEGEND:

FUNCTIONING CONSULTING
ROOMS OF GIVEN PROFILEOPENED ACCORDING TO THE STAFF POSSIBILITIES AND
THE NEEDS OF THE POPULATION

Fig. 6

TYPE OF DENTAL ASSISTANCE	TYPES OF STOMATOLOGICAL ESTABLISHMENTS (SERVICES)		
	FROM DENTAL OUTPATIENT DEPARTMENTS	FROM DENTAL DEPARTMENTS AT THE REGIONAL (LOCAL) HOSPITAL	FROM DENTAL MICROREGION
GENERAL STOMATOLOGY			
CURATIVE STOMATOLOGY			
SURGICAL STOMATOLOGY			
ORTHOPEDIC STOMATOLOGY			
ORTHODONAL STOMATOLOGY			
PAEDIATRIC STOMATOLOGY			
ALLERGOLOGICAL STOMATOLOGY			
DENTAL PHYSIOTHERAPY			
PARODONTOLOGICAL STOMATOLOGY			
DENTAL X-RAY			

LEGEND:



FUNCTIONING CONSULTING ROOMS OF GIVEN PROFILE

OPENED ACCORDING TO THE POSSIBILITIES AND THE NEEDS
OF THE POPULATION

TYPES OF DENTAL ASSISTANCE ON DIFFERENT LEVELS

lation of the corresponding district, are organized in the district towns.

A particular importance in the system of the primary medical care in the country, is attached to the urgent medical care.

The stations for urgent medical care exist as an independent health establishments only in the largest cities. They provide urgent medical care of the basic and some other specialities, such as — internal medicine, surgery, obstetrics and gynaecology, cardiology, reanimation, traumatology, neurology, toxicology and others. The specialists according to their speciality are included in the staff of specialized teams, who dispose of adequately equipped means of sanitary transportation.

The departments for urgent and emergency care are structurally incorporated into the outpatient departments of the district hospitals. Teams of medical workers with higher, college and secondary medical education, who are specialists chiefly in internal medicine and pediatrics, and specialized teams in conformity with the needs of the population, are working in them.

The services for urgent and emergency medical care at the regional hospitals have the same functions, but their staff is smaller.

All the stations, services and departments for urgent and emergency medical care use in their routine practice appropriate medical technology for the conduction of life-saving measures on the place of the accident and during the transportation of the patient to the health establishment, as well as modern means of communication — radio-telephone, distant recorder of electrocardiogrammes and others.

In the structure of the National Station for Urgent Medical Care in the capital of Bulgaria — Sofia, the service of urgent consultations and medical aviation, disposing of modern transportation means including medical airplanes and helicopters, is included.

At the day and night's disposal of this service are 250 habilitated specialists from the Academy of Medicine and the National Institute for Urgent Medical Care.

For the provision of primary specialized and consultative medical care on some problem diseases, in the public health network, specialized outpatient and inpatient departments, the so called 'dispensaries', such as pneumophthisiologic, oncologic, psychiatric and dermovenerologic specialized outpatient and inpatient departments.

They provide specialized medical care to one or several districts, work in close interaction with health establishments of the general type and guide them systematically according to their specialized work.

Parallel with the ensurance of primary medical care by the micro-regional physicians, and by the outpatient departments' specialists, the citizens have the possibility to choose, in accordance with their desire and preferences, a free of charge medical care from a highly qualified specialist — head of hospital ward, head of clinic, habilitated specialist etc. For this purpose scheduled hours for consultations of the patients in the outpatient departments are fixed.

In the People's Republic of Bulgaria exists a specially created organizational system, which permits, every person for whom the physician in charge on a given level, decides that he needs more qualified and specialized medical care, to be sent to an establishment of a higher level. The system stipulates a special documental exchange of information between the different levels including feed-back of information.

The development of the socialist society requires more and more efforts to meet the needs of public medical care, and in accordance with that the health services in the country are developed incessantly and their activities widened and improved. In Bulgaria, this process is particularly intensive for the services providing primary medical care. The more characteristic tendencies of this development are expressed in the following directions.

The number of the outpatient establishments in the towns and the villages, including the stomatological outpatient departments and the specialized outpatient and inpatient departments, has reached 3,620 at the end of 1976.

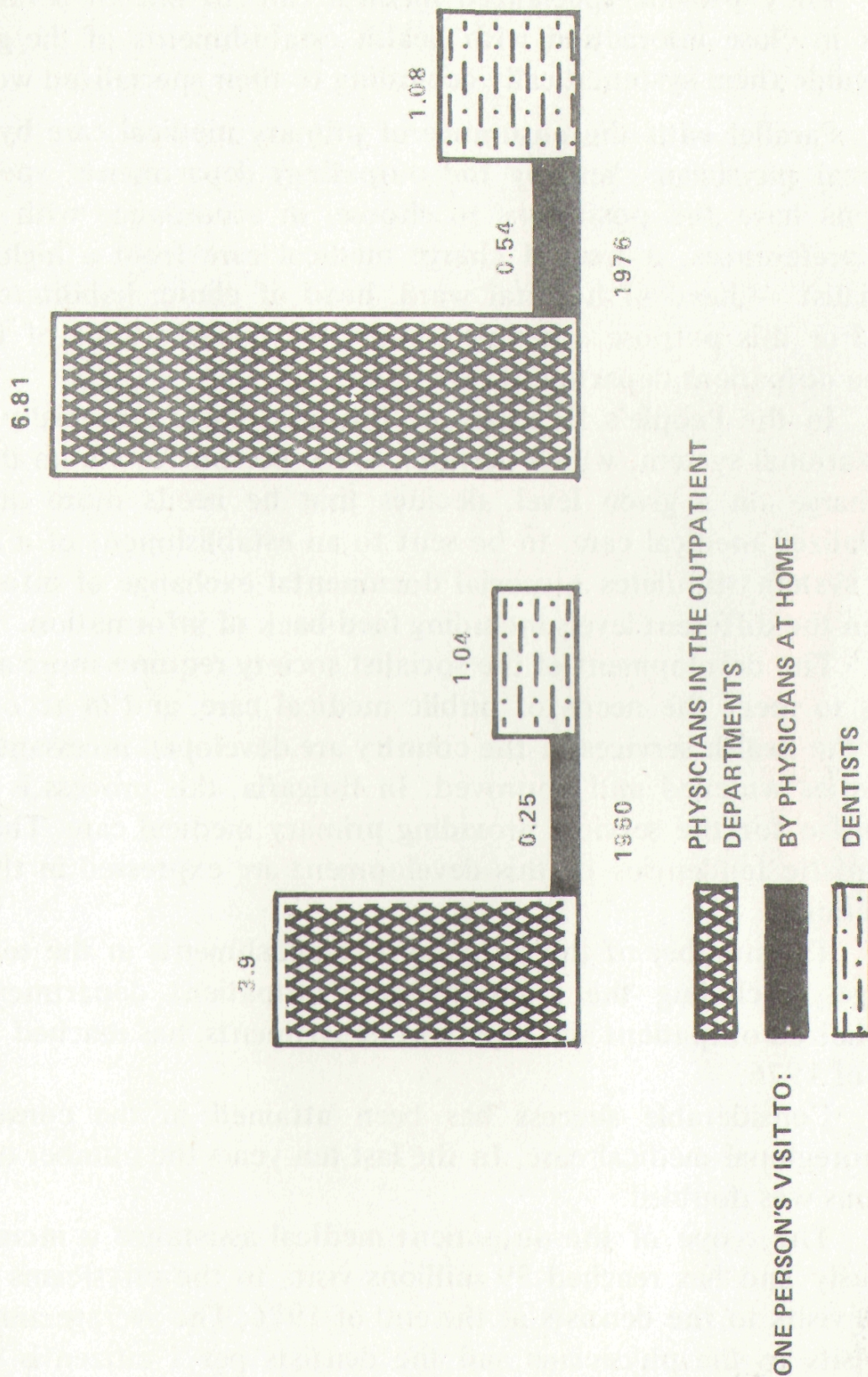
Considerable success has been attained in the consolidation of microregional medical care. In the last ten years the number of the micro-regions was doubled.

The scope of the outpatient medical assistance is increasing continuously and has reached 59 millions visits to the physicians and 15 millions visits to the dentists at the end of 1976. The average annual number of visits to the physicians and the dentists per 1 citizen is 9.2. (Fig. 7)

In the activities of the general and specialized outpatient establishments' network (the activities of the microregional physician and

Fig. 7

ANNUAL NUMBER OF ONE PERSON'S VISITS TO THE PHYSICIANS AND DENTISTS WORKING IN THE OUTPATIENT DEPARTMENTS AND DISPENSARIES



the different specialists working in those establishments) a basic method is the follow up one. These activities involve:

- planning, organization and carrying out of different kinds of prophylactic examinations of certain age, sex and occupational groups of the population with a view to the early discovery of the risk factors — occupational, communal and hospital — and the diagnostics of the early forms of some diseases which at that stage have the characteristics of mass and problem diseases for the country:

- the exact diagnostics of each individual case, clarification of the health condition of definite priority groups of the population (children, pupils, pregnant women, workers in industry, building, transport, agriculture and forestry) prescription of the necessary prophylactic, curative and rehabilitative measures, planning and organization of dynamic surveillance of the followed up patients and of the group of people at risk.

- realization of the planned measures in respect of the protection and sanitation of labour and living environment of man, increasing and strengthening the protective forces and supporting the adaptive mechanisms of the organism, promotion of health knowledge and formation of healthy habits among the population, systematic and active control of the results of the conducted health measures (in the public health system and outside — in the other structures of society) and introduction of eventually imposed corrections of the primary programmes. The organs and the establishments of the inspectorates of hygiene and epidemiology have a considerable role in the conduction of the planned prophylactic measures for the followed up persons.

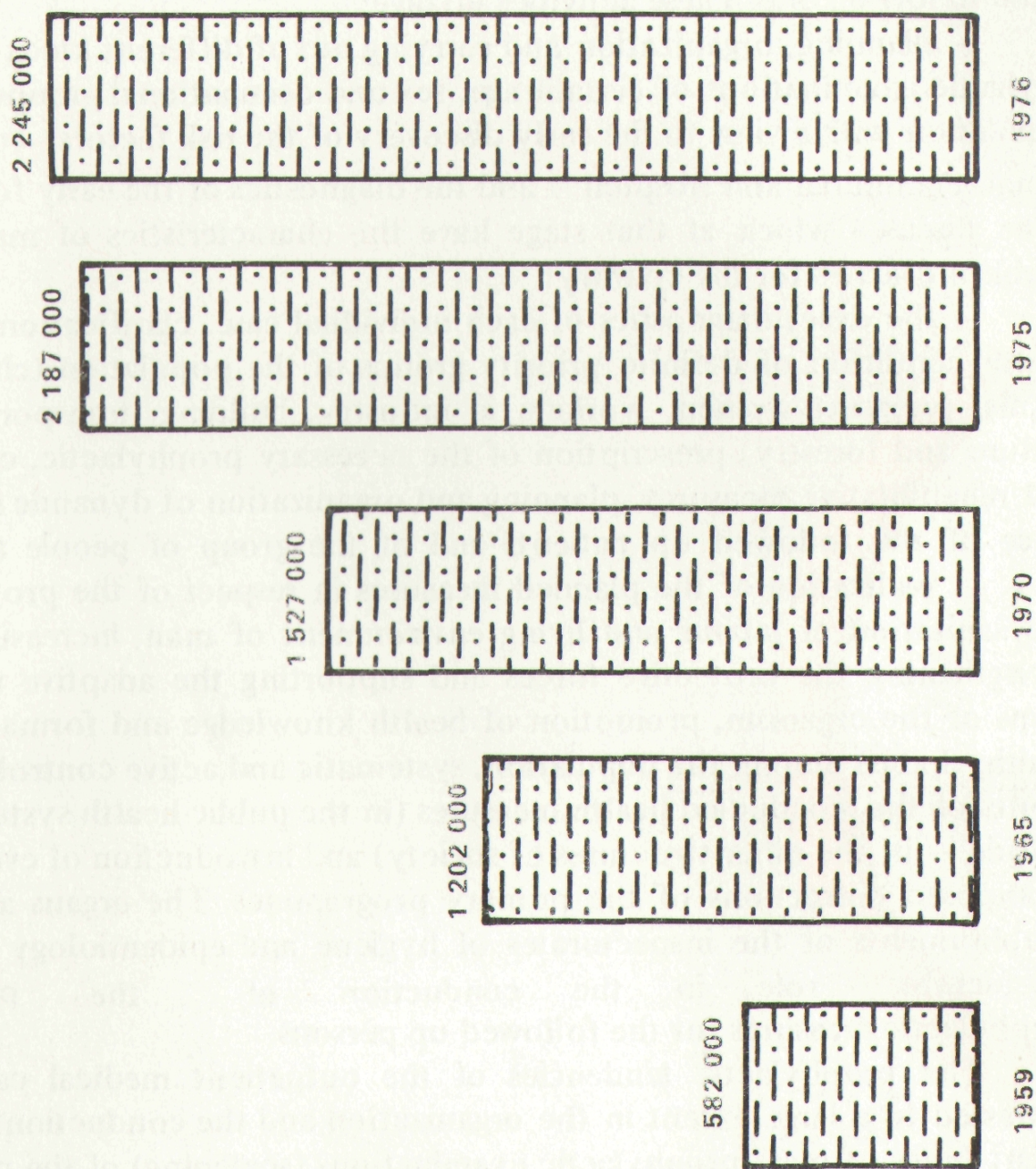
The prophylactic tendencies of the outpatient medical care are expressed to a large extent in the organization and the conduction of different types of mass prophylactic examinations (screening) of the population with a view to the dynamic follow up of its health condition (Fig. 2, block III), and the wide application of the follow up method, especially among the priority groups.

In Bulgaria, basic and complex prophylactic examinations of all children and pupils are conducted every year, as well as periodical prophylactic examination with occupational pathologic tendency of all people working in an unhealthy environment.

The number of the fluorographic examinations of the population increases annually (Fig. 8), as well as the mass prophylactic gynaecolo-

ANNUAL FLUOROGRAPHIC PICTURES OF THE BULGARIAN PEOPLE

Fig. 8



gical examinations with oncological tendencies, the cytological investigations (Fig. 9) and the mammo-fluorographic examinations (Fig. 10) of women.

With the sole purpose of improving primary medical care of the population, an experimental region in one of the districts of Bulgaria — Gabrovo district, was organised, as well as a comprehensive and coordinated system for:

- early detection of the patients at risk on whom different hazardous to the health factors — occupational, biologic and living — exert their influence;

- discovery of the early forms of the mass and problem diseases;

- evaluation of the health conditions of the people in this region and their needs in primary medical care;

- provision of medical care for the whole population realized by the outpatient departments and the services of hygiene and epidemiology by the follow up method;

- mass inclusion of the population residing in the region, as well as of all departments and organizations of the communities outside the health system, or involved into the realization of health care.

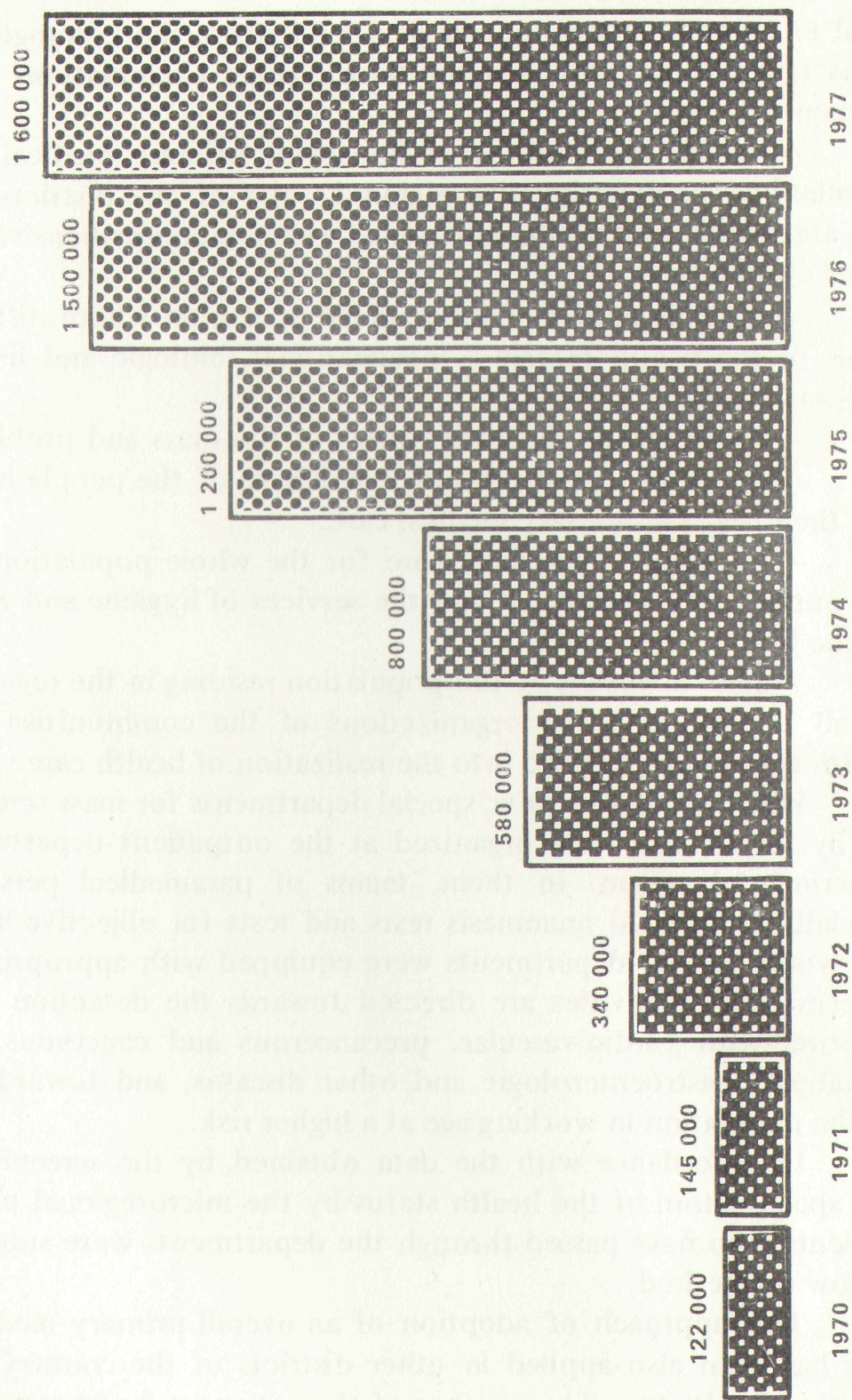
With this aim in view, special departments for mass screening, headed by physicians, were organized at the outpatient departments in the experimental region. In them, teams of paramedical personnel, using specially elaborated anamnesis tests and tests for objective investigations are working. The departments were equipped with appropriate technical devices. Their activities are directed towards the detection of unknown patients with cardio-vascular, precancerous and cancerous, endocrine-metabolic, gastroenterologic and other diseases, and towards the groups of the population in working age at a higher risk.

In accordance with the data obtained by the screening and after the specification of the health status by the microregional physician, the patients who have passed through the departments were subjected to the follow up method.

This approach of adoption of an overall primary medical care policy has been also applied in other districts of the country and showed positive results too. The number of the patients who have passed through the screening departments is increasing steadily (Fig. 11).

Fig. 9

ANNUAL PROPHYLACTIC GYNAECOLOGICAL EXAMINATIONS WITH CYTOLOGICAL DIAGNOSTICS



ANNUAL MAMMOFLUOROGRAPHIC EXAMINATIONS

Fig. 10

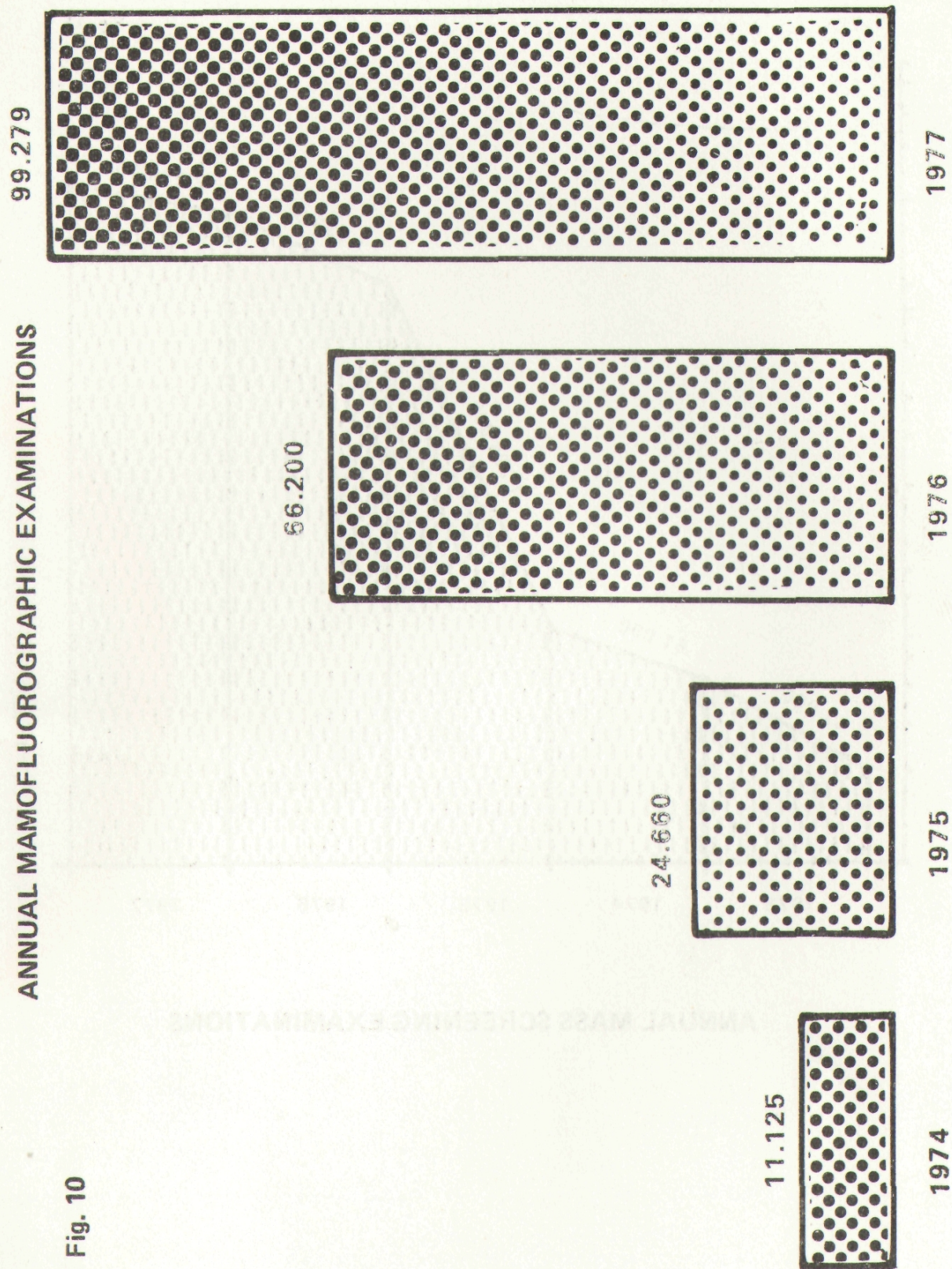
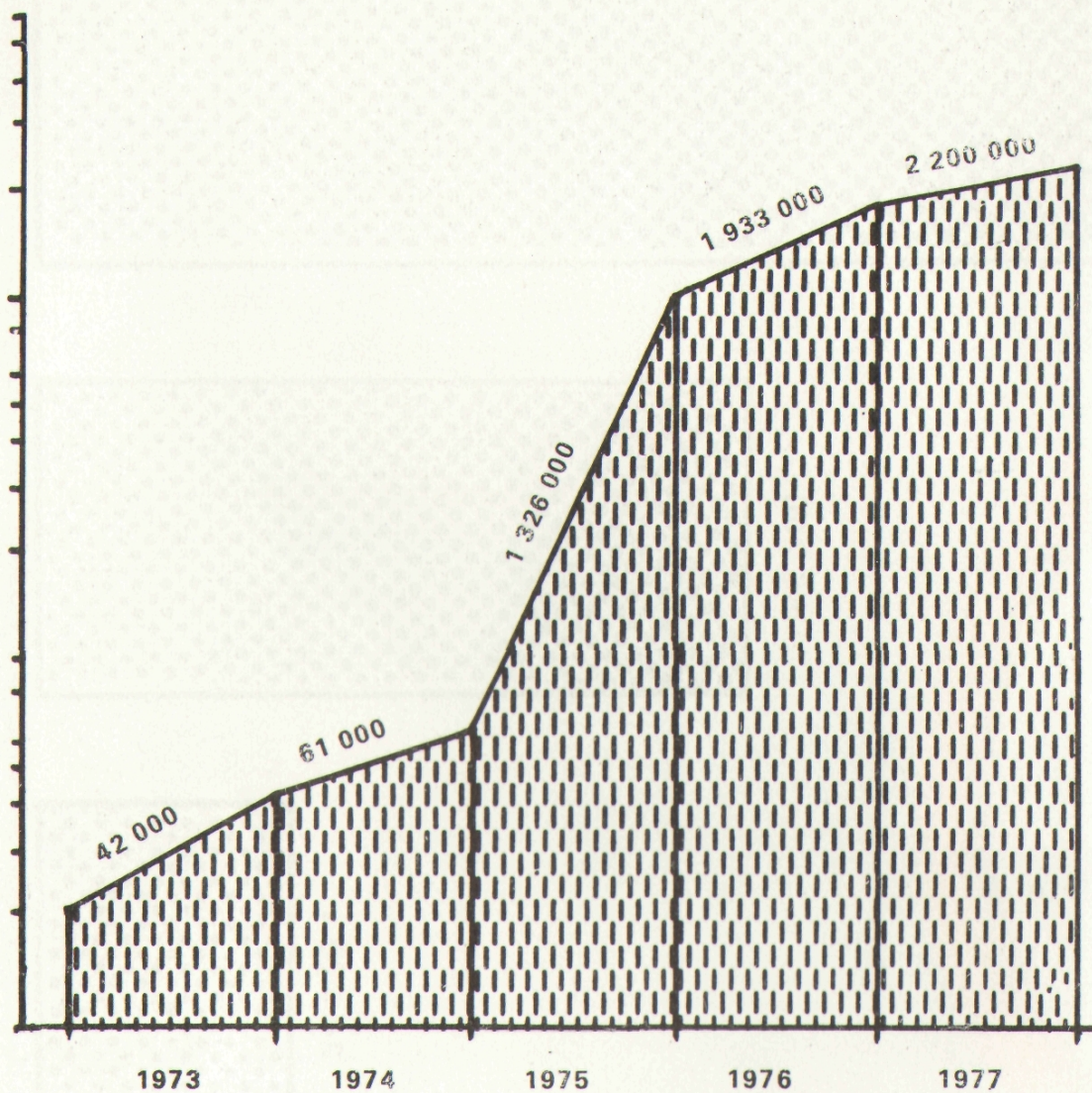


Fig. 11



ANNUAL MASS SCREENING EXAMINATIONS

At the present stage, about 45 per cent of the population — healthy people and people at risk, as well as ill patients, are under follow up surveillance carried out by the physicians from the general and the specialized health system of the country. It is suggested in perspective, a gradual and by stages, expansion of the follow up method in order to cover the whole population.

Aiming at rendering the supply with drugs and medical and sanitary materials accessible to the population at maximum, the pharmaceutical network in the country is organized in close interaction with the structure of the medical services.

The following types of pharmaceutical establishments exist in Bulgaria: pharmaceutical station, pharmaceutical branch, pharmacy, herb-shop and sanitary shop.

The pharmaceutical stations are organized at the physician's assistant's dispensaries or village health services. They provide the population with the basic drugs.

The pharmaceutical branch is organized in settlements with a population of 2,500 to 4,000 inhabitants. In charge of these establishments is usually an assistant pharmacist (chemist) or a pharmacist. The nomenclature and the medicinal drugs with which he operates are larger than that of the pharmaceutical stations.

The pharmacy (chemist's shop) is the basic unit in the pharmaceutical system. It is organized in all towns and villages with more than 4,000 inhabitants. It provides the population with drugs, medical and sanitary materials, herbs, etc.

The herb-shop is organized in the district towns and provides the population with herbs, prepares herb compounds under the prescription of a physician and offers ready-made herb medicines.

The sanitary shop is organized in the district and regional towns of the country. Provides the population with optic materials, hearing apparatuses, rehabilitative devices, medical instruments, etc.

In the large cities pharmaceutical complexes are organized, which unite the overall medical supply of the pharmaceutical establishments with drugs, medical and sanitary materials and others.

The number of the pharmacies, the pharmaceutical branches and boots, the herb-shops and the sanitary shops reached 1526 in 1976, and the pharmaceutical services at the villages' prophylactic curative establishments — 2865. One pharmaceutical establishment attends an average of 5,800 people.

The nomenclature of the drugs and forms increased from 890 in 1950 to 1680 in 1976. The chemical and pharmaceutical industry in this country increases annually the number of the produced types and forms of drugs.

ORGANIZATION OF SPECIALIZED MEDICAL CARE

The differentiation of the medical services and the necessity of bringing the specialized medical care nearer to the population, determines the requirements for a broader specialization in the field of medical practice. For this reason, parallel with the efforts aiming at the development of primary medical care, and in close correlation with it, a wide network of hospitals, sanatoria and resorts and social establishments have been organized in Bulgaria.

Hospital care

The hospital network in Bulgaria is organized as a stage system comprising four levels — regional (local), district, interdistrict and national.

On a regional level, hospital care is provided in the *united regional hospital*. It's capacity is about 300-600 hospital beds. There wards for internal diseases, pediatrics, surgery and obstetrics and gynaecology are organized obligatory, as well as some specialized wards such as ophthalmological, otorhinolaryngological, neurological and others.

On a district level *the district hospitals* with 600 to 1,200 hospital beds are organized for satisfying the needs of the population of the corresponding administrative unit (200,000 to 400,000 inhabitants). There wards according to a broader nomenclature are organized including also cardiologic, endocrinologic, urologic, orthopaedic, traumatologic and other wards.

Since the districts in Bulgaria are with comparatively smaller population, some of the district hospitals fulfil also *interdistrictal functions*. There in addition to the wards usually organized in the ordinary district hospitals, all types of specialized wards are organized, including neurosurgery, otoneurology, allergology, radiology, services of hamatology and hamodialysis and others. In connection with that, the capacity of these hospitals extends to 1,500 beds.

On a national level *specialized centres* of pulmo- and cardio-surgery, organ's transplantation, keratoplastics and others are organized. *The clinics and insitutes at the Academy of Medicine* are most highly specialized in the provision of hospital care. Besides, they realize the scientific and methodological guidance of the medical system.

At the end of 1976 in 184 hospitals of the country 67,220 beds were functioning, which shows that the bed population ratio was 85 beds per 10,000 people, and that the admission rate was 16,4 per cent.

Sanatorium-resort care

The People's Republic of Bulgaria disposes of precious resorts. More than 500 mineral sources were discovered with different composition and temperature of the water. Besides there are firths and peat-bogs sources of curative mud and resorts with favourable climatic conditions. Some of the mineral sources, as these in Hissar, Kyustendil, Sofia and others were discovered and have been used as curative centres as far back as the time of the Romans.

Sanatorium-resort care is considered as a stage in the carrying out of outpatient and hospital care.

This type of medical care provides on a district, interdistrict and national level the realization of part of the planned in other medical establishments physioprophylactic, physiotherapeutic and medical rehabilitative measures.

A harmonious system of continuity between the sanatorium-resorts and the other medical establishments is organized, ensuring the sequence in the realization of the planned medical measures.

In 1976 the sanatorium bed population ratio was 21 per 10,000 (people). Considerable part of these beds were determined for the treatment of cardiovascular, orthopedic and traumatic, neurological, obstetric

and gynaecological, gastroenterological, renal, endocrine-metabolic and tuberculous diseases.

During 1976 only, more than 400,000 children and adults from towns and villages were admitted in the sanatoria.

Rest facilities in Bulgaria

Besides the network of sanatorium beds, in the majority of the climatic, spa (balneo-sanatorium) and sea-resorts of Bulgaria 195,000 rest-beds, functioning throughout the year, are organized. In 1976 only, about 2,000,000 people have had their rest and recreation there.

Medico-social assistance

In the country, 15,209 berths in 158 establishments for social assistance are organized — boarding-houses for old people, day's boarding-houses for old people, boarding houses for honoured revolutionists, homes for disabled people and ill-patients, homes for children and adults with physical impairment or mental disorders and hostels for students in the training and industrial enterprises.

In 49 settlements of the country the so called 'Social Home Patronage' is organized, by which different types of services (food delivery, cleaning of the lodgings and other services) are ensured for old and incapable for self-attendance persons. In order to make life of old people worth while, 356 'Clubs of the Pensioner' have been organized in Bulgaria.

Approximately 45 per cent of the invalid-pensioners in their active age are working in enterprises under ordinary or special conditions of work.

1650 students of 23 specialities are trained annually in the organized training and industrial enterprises and in the schools for professional qualification of disabled persons.

MEDICAL SCIENCE AND TRAINING OF MEDICAL STAFF

Medical science is of special importance for public health in the broad sense of the term, including primary medical care, because it ensures the outlining, the planning and the conduction of scientifically

grounded measures. The scientific investigations about the health of the population, and the conditions and the factors that determine it, about the needs of the population in medical care, about the requirements to create an effective health organization, about the clinical and diagnostic, curative and rehabilitative problems are of such a nature, that they can introduce essential changes in the approach to the protection, restoration and promotion of the health of the people. A basic element of science and of the realization of a comprehensive medical care is the medical staff. For this reason in the years immediately after the Revolution exclusively accelerated rates of medical staff training were realized (Fig. 12).

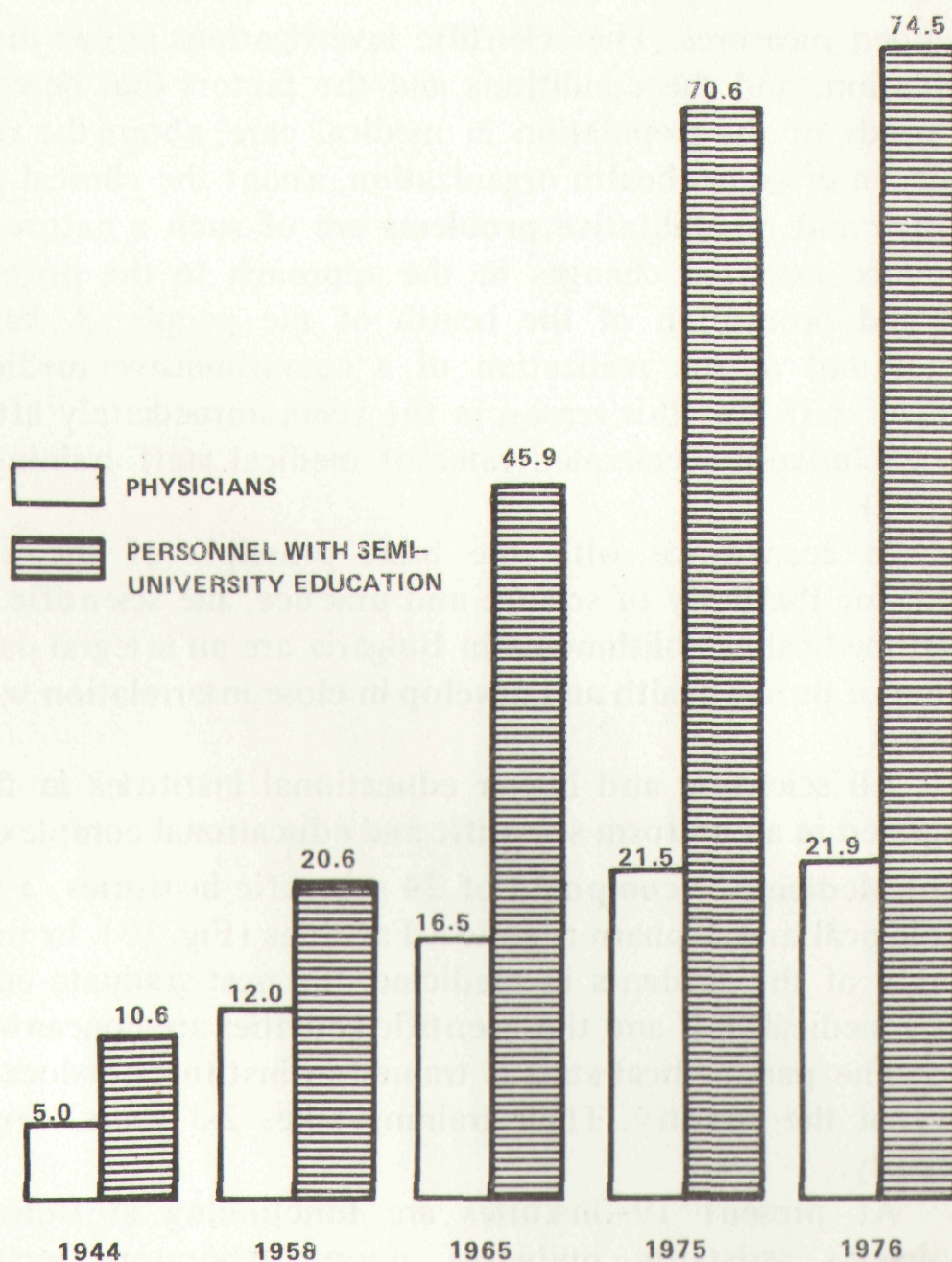
In accordance with the basic principle of the Socialist public health for the unity of science and practice, the scientific and the educational medical establishments in Bulgaria are an integral part of the entire system of public health and develop in close interrelation with the medical network.

All scientific and higher educational institutes in the country are integrated in an uniform scientific and educational complex — the Academy of Medicine — composed of 24 scientific institutes, 3 medical, 2 stomatological and 1 pharmaceutical Faculties (Fig. 13). In this complex the training of the students in medicine, the post-graduate education of the higher medical staff and the scientific activities are concentrated.

The paramedical staff is trained in institutes dislocated on the territory of the country. Their training takes 2-3 years, depending on the speciality.

At present 19 institutes are functioning in Bulgaria, in which physician's assistants, midwives, nurses, laboratory technicians, X-ray technicians, rehabilitators, assistant pharmacutists, nutrition instructors, dental technicians and others are trained.

Fig. 12



MEDICAL PERSONNEL IN PEOPLE'S REPUBLIC OF BULGARIA

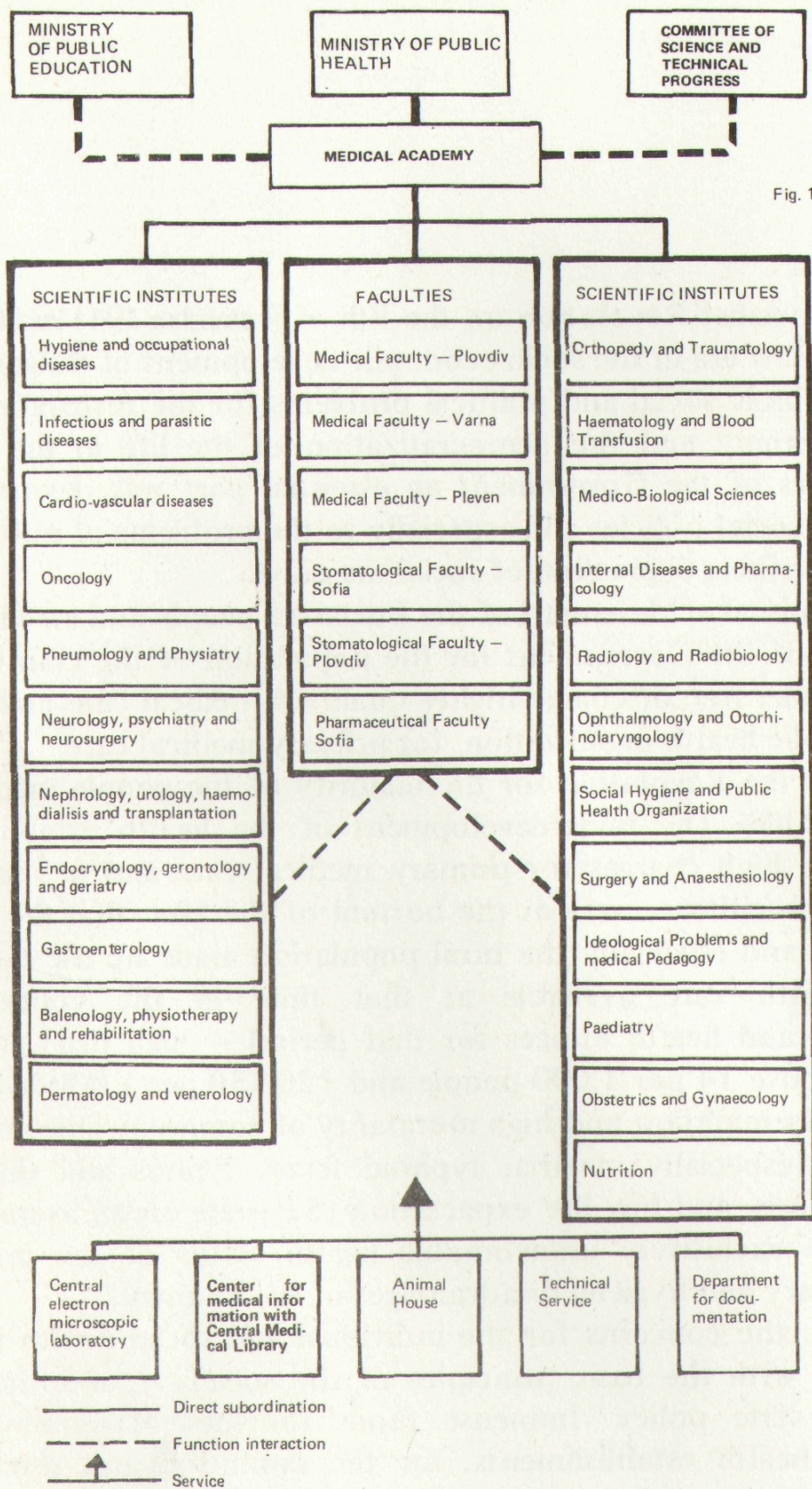


Fig. 13

The Socialist Revolution on the 9th of September 1944 laid the foundations of a new era in the socio-economic development of Bulgaria. Parallel with the basic social and political problems for the restoration of the national economy and the democratization of the life in the country, in the politics of the Government an essential part was devoted to the problems of social policies and especially to the problems of public health as the most striking expression of social measures.

A historical achievement of the Bulgarian people and an example of the concern of the Government for the population of the country is the mass accessible, free of charge highly qualified medical care and the harmonious public health organization for primary medical care.

Before the Revolution for the majority of the people medical care was inaccessible. The underdevelopment of the health establishments' network, the high charges for primary medical care and in many cases the low health culture, were at the bottom of the fact, that the majority of the urban and especially the rural population made no use even of the primary health care available at that time in the country. The demographic and health indices for that period — high total and infant mortality (above 14 per 1,000 people and 120-150 per 1,000 live births), very wide dissemination and high mortality of communicable and parasitic diseases (especially malaria, typhoid fever, typhus and diphtheria) and tuberculosis, and low life expectation (52 years on an average), characterize the exclusively unfavourable health status of the population and the sanitary and hygiene disadvantages of the country.

Today, the concerns for the individual and social health in Bulgaria, together with the basic principles of the socialist public health are raised to a state policy. Immense funds for the enlargement of the network of health establishments, for the sanitation and urbanization of the settlements and for the improvement of primary medical care made available to the population, are spent annually.

The success achieved in the last years in the urbanization and the sanitation of the settlements exert vital influence on the health condition of the population. In regards to urbanization Bulgaria occupied one of the after-most places in Europe. In 1944 only 13 per cent of the settlements inhabited by 36 per cent of the population of the country, were electrified. At present, the process of the electrification is practically accomplished - 95.4 per cent of the settlements, in which nearly all the population live (99.8 per cent) are electrified. Other urbanization measures have also been carried out to a considerable degree.

From 1945 to 1977 a wide water supply system was created. In that period more than 2,800 settlements, from which 2,670 are villages, were supplied with water. At the end of 1977 more than 70 per cent of the settlements in this country were supplied with water. The sewage system was enlarged annually. In the last 20 years more than 72 per cent of the settlements were with inbuilt sewage system.

Under the organized and systematic guidance of the specialized service for hygiene and epidemiology and with the active participation of all health establishments and society, on the basis of wide prophylaxis and the achievements of medical science, a planned, effective control of communicable and parasitic diseases has been realized.

The established health organization, equipped with modern methods of diagnostics and efficient means for immunoprophylaxy, succeeded in short terms to change the structure of total morbidity of the population, to reduce sharply the communicable morbidity and to lead to the eradication of a number of communicable diseases. The poliomyelitis, typhus and diphtheria are definitely eradicated in this country, and the others, as typhoid fever, tetanus and whooping cough are reduced to single cases. The malaria from 1960 is practically eradicated (Table 1).

In the years after the Revolution, a large number of highly qualified physicians, dentists and other higher medical personnel have been trained, and their number increases incessantly. At the end of 1976 there were 22 physicians per 10,000 or 1 physician per 455 persons on an average.

Particularly quickly increased also the number of the paramedical personnel - 74,7 per 10,000 persons. The number of the health establishments for primary medical care also increased and the percentage of the physicians working in them amounted to 60 per cent.

New types of health services have been organized (Table 1) – stations and departments for urgent and emergency medical care equipped with appropriate portable diagnostic and therapeutic devices and with means of communication.

Special care is provided for the protection of maternity and childhood. One of the first acts of the social policy in respect to mothers in the People's Republic of Bulgaria was the organization of a wide network of children's health establishments. In 1976, 69 per cent of the children between 3 and 6 years of age were admitted in kindergardens. Nowadays, for the health of the infants in this country, take care more than 400 children's health centres in the towns and more than 2,100 children's and maternity and children's health centres in the villages.

The infant mortality is reduced from 144,5 per 1,000 live births in 1945 to 23,5 per 1,000 live births in 1976. The pregnant women and the mothers of the children are covered entirely by the effective health and social care organized by the State. In practice all deliveries in this country take place in health establishments (fig. 14).

The regulation of the demographic processes is part of the social policy of the State and is a special subject to the activities of a number of Governmental institutions.

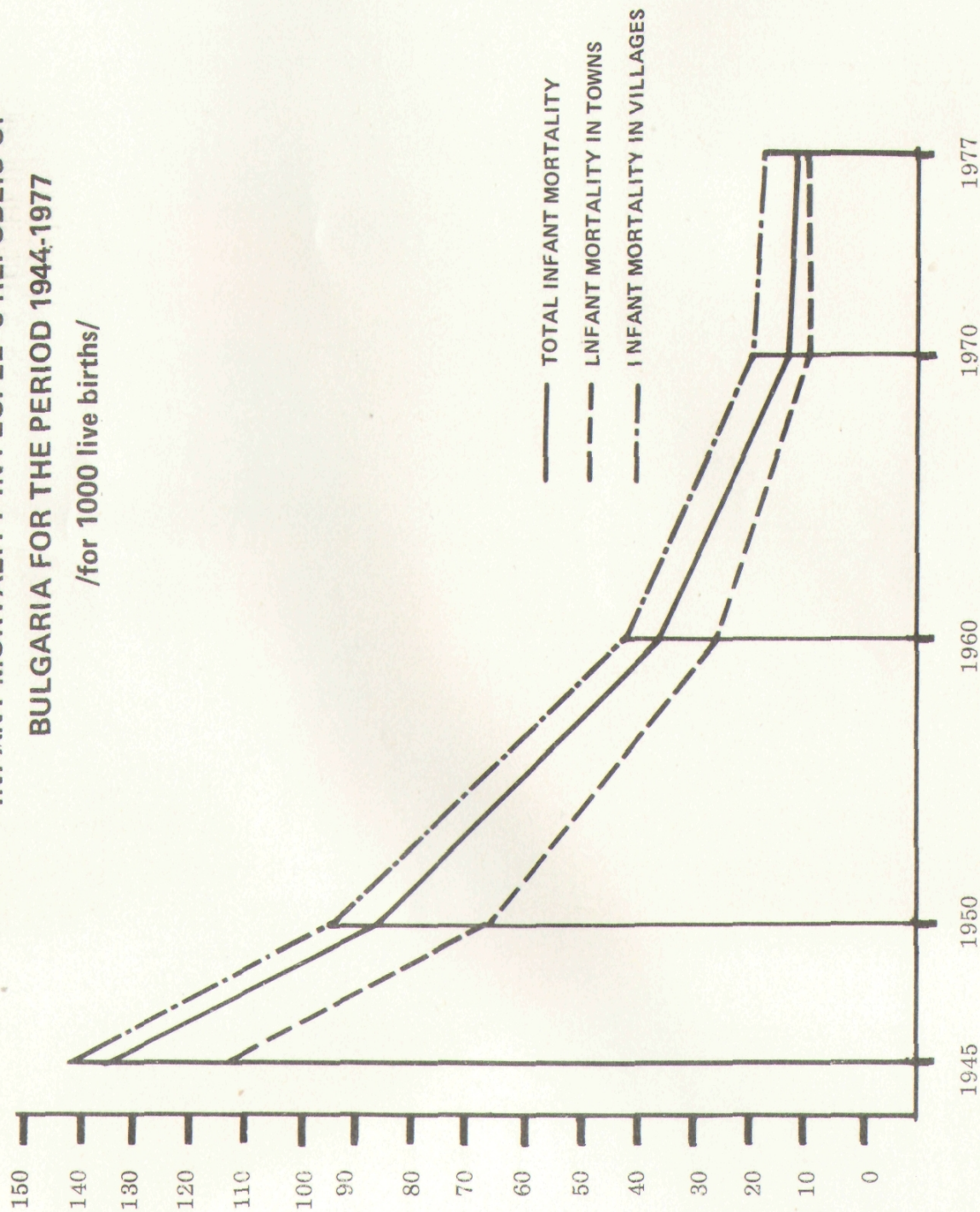
Since its early childhood, the whole population of the country is involved in the various forms of health education as an integral part of the educational system of the State and of social and individual prophylaxis.

The social measures realized by the State for the improvement of the welfare of the population, the conditions of labour, living and recreation, the well organized widespread health network, its accessibility and gratuitousness ensure the possibilities for active, purposeful prophylaxis, prompt diagnostics, effective treatment and rehabilitation of the diseases and injuries with the active participation of the community.

Enormous success for the public health and the social policy of this country is that the mean life span as an integral health condition index of the population extended from 52 years in 1944 to 73 years in 1974-1976.

INFANT MORTALITY IN PEOPLE'S REPUBLIC OF BULGARIA FOR THE PERIOD 1944-1977

/for 1000 live births/



The socialist public health in Bulgaria as an integral part of the Social policy of the State and with the active support of the community, realizes more and more completely and effectively its responsible and highly human role for the incessant improvement of the people's health welfare in accordance with the rapid and overall progress of the People's Republic of Bulgaria.

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